Tinea Pedis
(ATHLETE’S FOOT)

I. DEFINITION:

A pruritic cracking and peeling fungal eruption of the feet, especially the toe webs, which occurs more commonly in adolescents and adults, and rarely in children.

II. CLINICAL FEATURES:

A. Intense itching is characteristic.

B. Eruptions usually start between the toes and occasionally spread to the soles or sides or even the tops of the feet.

C. Three clinical types:

1. Chronic, interdigital type characterized by fissuring, maceration, and scaling, particularly in the web spaces. Tenderness, itching, and foul odor are common.

2. Dry, scaling plantar type known as moccasin type is a chronic, diffuse hyperkeratosis of the sole. The sole is covered with a fine, silvery scale, and the skin is tender and pink. More often seen in atopic clients and is associated with nail involvement.

3. An inflammatory vesicular or vesiculobullous (wet) type involves any area of the foot and is associated with occlusive footwear and warm, moist, and humid conditions.

III. MANAGEMENT PLAN:

A. Treatment:

1. General Measures

   a. Emphasize personal hygiene.
   b. Thoroughly dry interdigital areas after bathing.
   c. Use absorbent cotton socks and change frequently.
   d. Wear rubber or wooden sandals in community showers and bathing places.

2. Medication

   Any one of the following OTC topical anti-fungal medications may be used:

   - Clotrimazole 1%
   - Miconazole 2%
   - Terbinafine HCL

   a. These are sold under various brand names, i.e., Lotrimin AF, Desenex, Monistat-Derm, etc.
   b. Directions are to massage into affected area twice daily for 2-4 weeks.
B. Consultation/Referral: to APRN or Physician if:

1. No response to topical anti-fungal agents or worsening of condition after treatment has started.
2. Fungal infection elsewhere on the body.

C. Follow-up

1. Return visit as needed if there is no improvement.
2. Determine tracking priority utilizing professional judgment.

REFERENCES:

W.B. Saunders Company.
Habif, TP. Skin Disease Diagnosis and Treatment 2001 Mosby pp 200-203
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