

Management

Primary Care management includes

Advice on hygiene and clothing

Athlete's foot, groin infection, or ringworm of the skin:

- For ringworm, other children and adults in the family should be asked to look for signs
- Topical imidazoles and terbinafine
- Topical undecenoates (Monophytol and Mycota) and tolfanate may also be effective
- Oral treatments are rarely needed

Scalp ringworm

- Other members of the family and school friends should be examined and specimens taken for culture
- Oral anti-fungal treatment: griseofulvin is the only systemic drug licensed specifically for the treatment of scalp ringworm in the UK
- Selenium sulphide lotion (used as a shampoo) may be useful in limiting the spread of infection when given to an infected child as an adjunctive treatment to oral griseofulvin

Fungal infection of the nails

- Topical therapy with tioconazole with undecylenic acid (Trosyl), or amorolfine (for toenails)
- Oral therapy with terbinafine or itraconazole (for mixed fungal and yeast infection), or with griseofulvin for children

When to refer

Referral is needed only if the response to treatment is poor, if the diagnosis is difficult, or if infection recurs.

Refer to CAS

- For skin ringworm, referral is indicated in severe, extensive skin infection, or in the rare patient who is unresponsive to topical treatment
- For athlete's foot and fungal groin infection, referral is indicated if the patient is unresponsive to topical treatment
- For scalp ringworm, referral is indicated if the response to treatment is poor, if the diagnosis is difficult, or if infection recurs.

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.