Fungus Infection Of The Skin

An infection of your skin caused by a fungus is a very common problem. Treatment depends on which part of the body is affected. Types of fungal skin infection include:

- **Athlete's Foot (Tinea pedis)** -- This infection starts between the toes and may involve the entire sole and sides of foot. It is the most common fungal disease. It is made worse by heat, moisture, and friction. To treat, wash your feet 2-3 times daily. Dry thoroughly between the toes. Use medicated foot powder or cream (Lotrimin, Micatin) as directed on the package. Plain talc, cornstarch or rice powder may be dusted into socks and shoes to keep the feet dry. Zeasorb, Exelderm, Spectazole, Loprox, Oxistat, or Lamisil may also be used. Avoidance of occlusive footwear is also helpful.
- **Ringworm (Tinea corporis and tinea capitis)** -- This infection causes scaly red rings to form on the skin or scalp. For skin sores, apply Lotrimin, Micatin, or Lamisil lotion or cream 2 times daily. For the scalp, selenium sulfide shampoo or ketoconazole shampoo may be used with with other therapies. Ringworm of the scalp or fingernails usually requires using oral medicine for a long time (2 – 4 months).
- **Tinea versicolor** -- This infection appears as painless, scaly, patchy areas of discolored skin (whitish to light brown). It is more common in the summer and favors oily areas of the skin such as those found at the chest, abdomen, back, pubis, neck and body folds. It can be treated with Selsun, Sebulex, or Nizoral shampoo or with Loprox, Lotrimin, Nizoral, Monistat-Derm topical cream. Nizoral pills may be needed for more active infections. The light and/or dark spots may take time to get better and is not a sign of treatment failure.

Fungal infections may need to be treated for at least 4 weeks to be cured. It is important not to treat fungal infections with steroids or combination medicine that contains an antifungal and steroid as these will make the fungal infection worse. See your caregiver if the infection is not better in one week.

Document Released: 01/25/2006 Document Re-Released: 03/16/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.