TINEA PEDIS

WHAT IS IT?
- Tinea pedis is commonly referred to as athlete’s foot.
- It is a common superficial fungal infection of the skin.
- It is most often caused by Trichophyton rubrum, Trichophyton mentagrophytes or Epidermophyton floccosum.
- It mainly affects the warm, moist, unventilated areas between the toes.
- It can vary in severity from mild, chronic and scaling to acute, exfoliative, pustular and bullous.

SYMPTOMS
- Itching.
- White scaling of the skin.

INCIDENCE
- Internationally tinea pedis is thought to be the world’s most common dermatophytosis.
- 70 per cent of the global population will be infected with tinea pedis at some time.
- It is no more common in any one racial or ethnic group.
- It more commonly affects males than females.
- The prevalence increases with age with most cases occurring after the onset of puberty.
- Tinea pedis is rare in children.

DIAGNOSIS
- Diagnosis can be made by visual examination only.
- In cases where diagnosis is in doubt or treatment has not been effective, a skin scraping may be needed to test for fungus.

TREATMENT
- Tinea pedis is normally treated with topical antifungal creams.
- The imidazole antifungals – clotrimazole, econazole, ketoconazole, miconazole, and sulconazole – are all effective.
- Terbinafine cream is also effective but is more expensive.
- Application should be in a 4–6cm radius around the affected area as soon as feet begin to itch.
- Treatment should be continued until two weeks after clearance.
- Oral antifungal tablets can be prescribed if topical creams are found to be ineffective.
- Skin scrapings should be examined if systemic therapy is being considered.
- Antifungal dusting powders are not normally recommended, as they are of little therapeutic value and may cause skin irritation.

PREDISPOSING FACTORS
- Increased exposure to the spores at home or during recreational activities.
- Skin that produces less fatty acid, which is a natural antifungal agent.
- Wearing occlusive footwear.
- Wearing the same pair of socks or shoes for long periods.
- Hyperhidrosis (excessive sweating).
- Immune deficiency, for example due to medications such as azathioprine, or infection with HIV.
- Poor circulation resulting in cold feet.

PREVENTION
Patients should be advised on the following preventative information:
- Wash feet and toes daily;
- Ensure feet are thoroughly dried after bathing;
- Keep skin between the toes dry;
- Use clean towels and do not share them in communal changing rooms;
- Wear clean socks as fungi may have multiplied in unwashed socks;
- Wear cotton socks and leather footwear, which can ‘breathe’ and therefore reduce sweating;
- Do not go barefoot in communal changing rooms;
- As far as possible go barefoot at home to allow feet to breathe and dry out.

COMPLICATIONS
- Recurrence is common.
- Tinea pedis can spread to the hands due to scratching.
- Secondary infection.

REFERENCES

PATIENT INFORMATION
- Patient UK: www.patient.co.uk
- NHS Direct: www.nhsdirect.nhs.uk