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Continuing Professional Development



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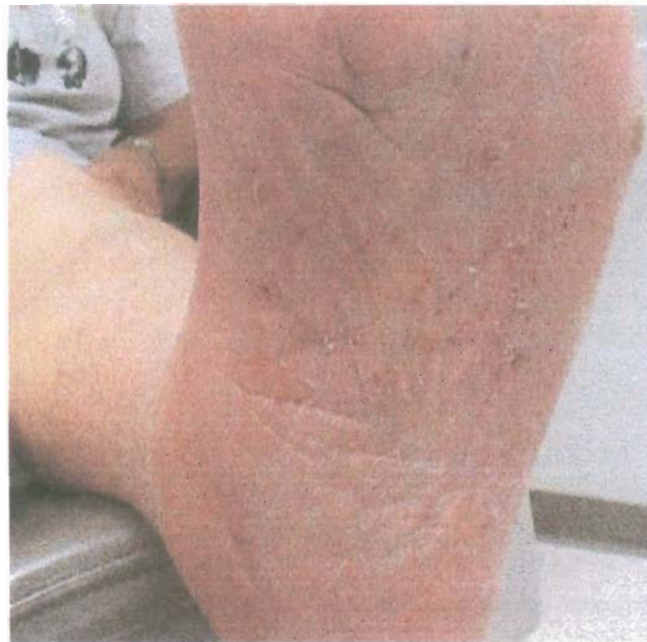
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Number 5 - 1 October 2002

Tinea Pedis



(Plantar view of left foot, showing tinea pedis and chronic scaliness of the skin)

Tinea Pedis

The most common fungal infections of the skin are those which occur on the feet. footwear creates the necessary conditions of moisture and warmth between the toes, and communal activity permits the spread of infection.

Tinea Pedis in its chronic form is largely a disease of adults, while acute episodes of athlete's foot are more common in school-age children. Since the introduction of wide spread wearing of training shoes the rise in cases has been pronounced.

There are three common forms of Tinea Pedis, which show the following characteristics:

1. Maceration and desquamation in the lateral toe spaces is the prevalent type and can be caused by any of the three common organisms: *Trichophyton (T.) rubrum*, *T.interdigitale* and *Epidermophyton (E.) floccosum*.

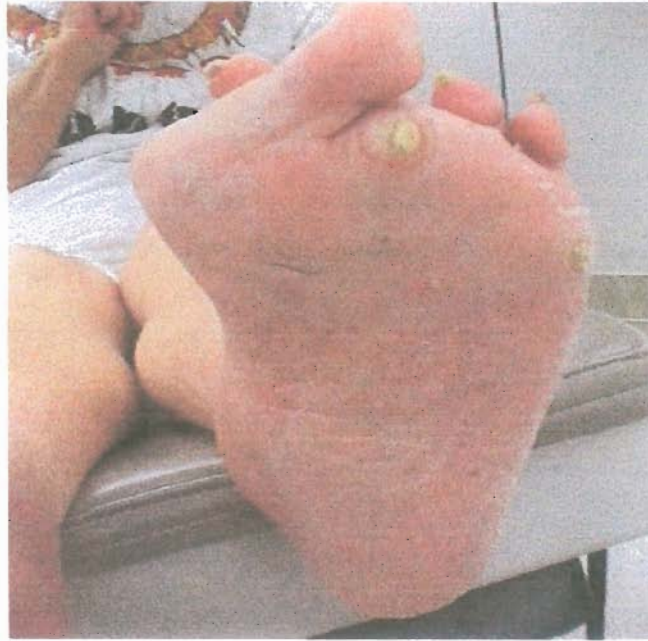
2. Episodes of unilateral acute vesiculation on the soles, which are usually caused by *T.interdigitale* or *E. floccosum*.

3. Dry redness and diffuse scaling over the soles, the so-called moccasin type, is usually caused by *T.rubrum*.

Fungal hyphae are also capable of invading the nails. Acute tinea pedis may be followed by a vesicular eruption on the hands from which no fungus can be isolated. The term *trichophytilide* is used to describe this reaction.

The clinical diagnosis of a fungal infection can be confirmed by microscopic examination of skin scrapings and the type of fungus can be identified by culture of the scales. A single species is usually grown but mixed infections occasionally occur.

Clinical trials of topical treatments have not demonstrated any one to be greatly superior to the others. Traditional remedies include Castellani's paint and Whitfield's ointment. Newer topical agents include tolnaftate, clotrimazole and miconazole, which are more acceptable to the patient, and the latter two are also active against yeasts. Widespread severe infections are treated with systemic griseofulvin, terbinafine or the imidazoles.



(Plantar view of left foot, showing hallux valgus, overlapping second toe, hammer toes & tinea pedis plus a few callous areas and helloma durum. Every practitioners nightmare patient)

(information from Neale's Common Foot Disorders-Diagnosis and Management. Churchill and Livingstone, fifth edition 1987)

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