

Tinea pedis

CATEGORY: Infections

LOOKS LIKE:

Scaly, cracked,
blistering

FEELS LIKE:

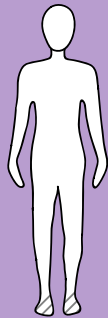
Itchy, painful, scaly

PREVENTION AND TREATMENT:

Keep feet dry; wear
footwear in shared
facilities; treat with
antifungals

LOCATION:

Feet, most often
between the toes



WHAT IT LOOKS LIKE —



Cracking and peeling in
the web space (between
the toes)



Redness and peeling in
between the toes



Redness and scaling on
the top of the foot



Blistering and cracking
under the toes



Skin scaling over the
sole and arch of the foot



Widespread tinea pedis
in a patient with
diabetes

What is it?

Tinea pedis is a fungal foot infection, most commonly found between the toes (also called '**athlete's foot**'). It can affect anyone, but it is particularly common among adolescents, young adults, and those in warm, tropical, urban environments.

It is **contagious** and often spreads through shared towels, or by walking barefoot in public changing rooms.

Tinea pedis is treatable, and there are many ways to help prevent it.

Tinea pedis

CAUSES —

Tinea pedis is caused by dermatophyte **fungi**.

You may be prone to infection if you have:

- A lot of sweating around your feet that creates a **moist environment** (eg, from heavy, non-breathable footwear such as industrial boots)
- A **weakened immune system** eg, diabetes
- **Poor blood supply**/circulation to your feet.

SYMPTOMS —

‘Athlete’s foot’, the most common form of tinea pedis, presents with moistness, itching, scaling, and sometimes painful cracks (fissures) **between the toes**.

However, tinea pedis can also present in other ways, including:

- Itchy scales covering the **sole and/or sides** of the foot
- Blisters, often on the **arch of the foot**.

Tinea pedis often affects both feet but usually in different places on each foot (**asymmetrical**). It can also affect only one foot.

COMPLICATIONS —

Sometimes tinea pedis can be complicated by:

- Open sores (ulcers)
- Pus-filled blisters (pustules)
- Bacterial infection (cellulitis) — as it is easier for bacteria to get into irritated, cracked skin.

The fungus that causes tinea pedis can **spread elsewhere on the body**, including the:

- Hands (tinea manuum)
- Groin (tinea cruris or ‘jock itch’)
- Toenails or fingernails (tinea unguium or onychomycosis)
- Hair follicles (folliculitis).

DIAGNOSIS —

A healthcare professional usually diagnoses tinea pedis by asking some questions and examining your feet, skin, and nails. **Skin scrapings** to look for and grow the causative fungus may be taken to confirm the diagnosis.

TREATMENT AND PREVENTION —

The most common treatment is a 2–4 week course of an **antifungal cream, gel, or lotion** (eg, miconazole, clotrimazole, or terbinafine).

For severe or persistent infections, oral antifungal medication (eg, fluconazole, itraconazole, or terbinafine) might be required.

Antibiotics may be prescribed if you develop a bacterial infection.

To reduce the chance of tinea pedis coming back (recurring) after an infection:

- Treat shoes with **antifungal powder**
- Clean your bathroom floor and shower with products containing **bleach**
- Ask **household members** to check feet and get treatment if they have symptoms
- Use **protective footwear** (eg, sandals) in shared changing rooms and showers
- Carefully **dry** your feet (particularly between the toes) after a shower or swim
- Wear dry, **breathable footwear** whenever possible.

OUTCOME —

Tinea pedis is a **treatable** condition.

It can spread between people easily and **recurrence** is common, but this can be reduced by prevention strategies described above.



MORE INFORMATION —

<https://dermnetnz.org/topics/tinea-pedis>

