

## Overview

Tinea is a common contagious skin infection caused by a type of fungus called a dermatophyte<sup>1</sup>. Tinea is also called “ringworm” because it can produce a rash which is in the shape of a ring, but note that it is not caused by a worm.

Doctors use specific names for tinea infections depending on what part of the body is affected by tinea<sup>2</sup>:

- Tinea cruris (“jock itch”) – Tinea affecting the groin
- Tinea pedis (“athlete’s foot”) – Tinea affecting the feet
- Tinea capitis – Tinea affecting the head or scalp
- Tinea corporis – Tinea affecting any other body surface
- Tinea unguium (onychomycosis) – Tinea affecting the nails

## Symptoms of tinea

Tinea can cause a variety of symptoms<sup>1</sup>:

- A red rash, sometimes in the shape of a ring
- Itchy and scaly skin
- Cracking/splitting of the skin between the toes
- Yellow/brown discolouration and thickening of the nail
- Areas of hair loss when it affects the scalp (rare in adults)

## Who is at risk?

Tinea is very common and anybody can contract it. People with impaired immune systems are at greater risk of contracting tinea.

## How it happens

- Tinea is contagious and is spread when your skin comes into direct contact with the fungus.
- This can occur by touching infected skin, or a contaminated surface (e.g. walking barefoot in communal showers)<sup>3</sup>.
- Tinea can spread from one body part to another by touch or by contaminated clothing (e.g. from the toenails to the groin). Infected toenails are a common source of recurrent tinea infection of the skin.
- Pets, including dogs, cats and guinea pigs can also harbour tinea and spread it to people<sup>4</sup>. If you suspect your pet may have tinea you should take it to a veterinarian (vet) for a check-up.

## How is it diagnosed?

- The rash caused by tinea is often distinctive enough that your doctor may be able to diagnose it without any tests.
- Sometimes if the rash does not look typical for tinea, or if treatment with antifungal tablets is being considered, then scrapings of the skin or a nail clipping can be sent for testing<sup>1</sup>.
- In the lab it is possible to see the fungus under a microscope which confirms the diagnosis. The lab will also attempt to grow the fungus in culture to identify the species.
- Dermatophytes are slow-growing and the final result may not be through for 4-6 weeks.

## Treatment of tinea

- Tinea affecting the body, groin and feet (except the nails) is usually easily treated with an antifungal cream and clears up in 1 – 2 weeks<sup>1</sup>.
- When tinea affects large areas of skin, treatment with antifungal tablets is used instead.
- Tinea affecting the head, scalp, or nails usually requires treatment with anti-fungal tablets for a longer period of time<sup>1</sup>.

## Preventing the spread of tinea

- Avoid touching the infected area and wash your hands after doing so
- Do not share clothing, towels or sports equipment
- Avoid walking barefoot on the floor of communal areas, particularly if wet (wear thongs)
- Treat tinea infection promptly with antifungal cream or tablets as directed by your doctor

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## References

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