

Ringworm & Tinea

Ringworm and Tinea are general terms used to describe common and very contagious skin infections. They are not caused by a “worm” but by a fungus. Fungi are found everywhere and are extremely small, being seen only with a microscope. Ringworm and tinea are transmitted from other individuals or animals, or by contact with infected surfaces such as towels, carpet, bedding, weight rooms, tanning beds, showers and baths. Ringworm is much more common in hot, humid weather and can occur at any age. Risk of getting it increases with crowded living conditions, daycare centers or schools, decreased resistance to infection caused by illnesses or drugs, chronic moisture, and chafing of the skin. The diagnosis of ringworm can usually be made by its typical appearance on the skin. In unusual cases, a small scraping of an affected area can be examined under a microscope to confirm the diagnosis. Ringworm is curable but takes weeks to months of treatment, sometimes longer. Recurrence is common and a chronic infection may occur.

Ringworm can occur anywhere on the body. On the skin, ringworm starts as slightly raised, red to brown round patches that itch. As the patch enlarges a central clear area develops – this is where it gets the name “ringworm”. Small blisters can occur with ringworm of the groin or feet. Itching is common and can be severe. Scratching can cause bacterial infections in addition to spreading the fungal infection.

Tinea is categorized by where it occurs:

- Tinea capitis: fungal infection of the scalp (This requires treatment with prescription medications; over-the-counter creams will usually not cure tinea capitis.)
- Tinea corporis: fungal infection of the body
- Tinea cruris: fungal infection of the groin (jock itch)
- Tinea pedis: fungal infection of the feet (athlete’s foot)

Unless cleared by a physician for an event, fighters should not fight or spar in practice or competition with ringworm or tinea.

Treatment

Mild cases of ringworm and tinea can be treated with over-the-counter medications. Use them exactly as directed on the product’s label. Read the entire instructions, including the warnings and side effects of any medicines used. Apply a small amount of antifungal cream or ointment (like Lamisil® or Lotrimin®) to affected areas. For athlete’s feet, also use a powder (like Desenex®) in all your pairs of shoes. Taking an over-the-counter tablet of Benadryl® (diphenhydramine) by mouth every four to six hours or using an Aveeno® oatmeal bath can help with itching. Hydrocortisone cream (like Cortaid®) can help with itching, redness and irritation. If ringworm is not responsive to over-the-counter medicines, your doctor may recommend a prescription cream to apply to the skin. Continue to use this for 10 days after the infection appears to be completely cured and keep it from coming back. In severe cases that do not respond to medicine applied to the skin, your doctor may give you a prescription medicine taken by mouth. Ringworm of the scalp usually requires weeks to months of treatment with a medication taken by mouth.

DO:

- See your doctor to make the diagnosis, get treatment, and obtain medical clearance.
- Shower and shampoo daily, and wash or shower the affected area twice a day.
- It is very important to gently wash affected areas twice a day with a cloth, dry off well (especially your feet), then apply any prescribed creams or ointments to affected areas. Use your own soap and shampoo.
- Keep moisture away from skin. It is important to keep areas infected with ringworm clean and dry.

Always wear clean, dry clothing. Cotton or other absorbent clothing is best. Avoid tight shoes or clothing (like nylon) that chafes your skin.

- Carefully launder all clothing and towels. Change bedding every one to two days.
- Keep hair cut short and nails trimmed.
- Treat the infection as directed – this will make it heal the quickest. If prescribed topical antifungal creams use them as directed for three to four weeks. If prescribed medication taken by mouth, take them as directed by your doctor. If taking medication by mouth, your doctor may ask you to take a blood test.
- Pets and rodents are a common source of re-infection. Get treatment for pets with infections. Be sure there are no mice or other rodents in the home or wrestling area.

DON'T:

- Don't wrestle or workout in the wrestling room until 1) at least seven full days of treatment have passed, 2) the area looks completely normal and healed, and 3) you are cleared by your trainer or physician.
- Don't share personal items like headgear, wrestling shoes, razors, combs, brushes, hats, soaps, towels, clothing or bedding.
- Don't scratch.

Never use bleach, peroxide, iodine or other chemical disinfectants. These may not cure it, may scar and may irritate the skin. This may make it look worse to the referee or doctor and delay your return to competition.

CALL YOUR DOCTOR IF:

- If the rash has not improved after two weeks of treatment.
- If signs of a bacterial infection develop such as fever, pus drainage, oozing, crusting, swelling or pain.
- If skin changes occur such as scarring or bleeding.
- If a family member has signs of ringworm.
- Any new, unexpected symptoms or problems occur as some treatments may cause side effects.

For More Information: American Academy of Dermatology, www.aad.org

This handout should not be considered complete nor a substitute for evaluation and treatment by a physician. Always consult your doctor first.