

Practice Protocol: Tinea Pedis

Nature: Itchy rash with annular scaling on the bottom of feet (moccasin type), between toes (interdigital) or a painful, blistering type (Inflammatory)

Epidemiology: Occurs in 24.2% of men and 6% of women.

Fungal Pathogens: Interdigital – *T. rubrum*, *T. mentagrophytes*, Moccasin – *T. Rubrum* and *S. dimidiatum* (mold), Inflammatory – *T. mentagrophytes*

Testing:

1. Biopsy with Periodic Acid Schiff Test – Most accurate way to diagnose. Fungal cell wall Stains Magenta (only works in living fungi)
2. Fungal Culture: Dermatophyte Testing Medium (DTM) used with color indicator to test for fungus
3. K-OH Test: Potassium Hydroxide added a nail or skin scrapings to dissolve keratin. Fungal hyphae are observed under a microscope.

Our Treatment Options

1. Topical Antifungals:
 - a. Disinfectants: Betadine, Acetic Acid Solution, Domeboro's Soaks
 - b. Azole Antifungals: Clotrimazole, Econazole, Ketoconazole, Miconazole, Tioconazole
 - i. MacerRx Web Gel
 - c. Tolnaftate: Lamisil AF Cream, Powder, Clarus Antifungal Cream
 - d. Naftifine: Naftin Gel, Cream
 - e. Ciclopirox: Loprox Gel, Cream
 - f. Terbinafine: Lamisil AT
 - g. Combination Drugs: Lotrisone (Clotrimazole + Betamethasone)
2. Oral Antifungals:
 - a. Lamisil (terbinafine): 2-4 week course of one 250mg pill per day
 - b. Itraconazole: 2-4 week course of 200mg twice daily
3. Disinfectants: Betadine, Acetic Acid Solution, Domeboro's Soaks, Clarus Antimicrobial Spray

