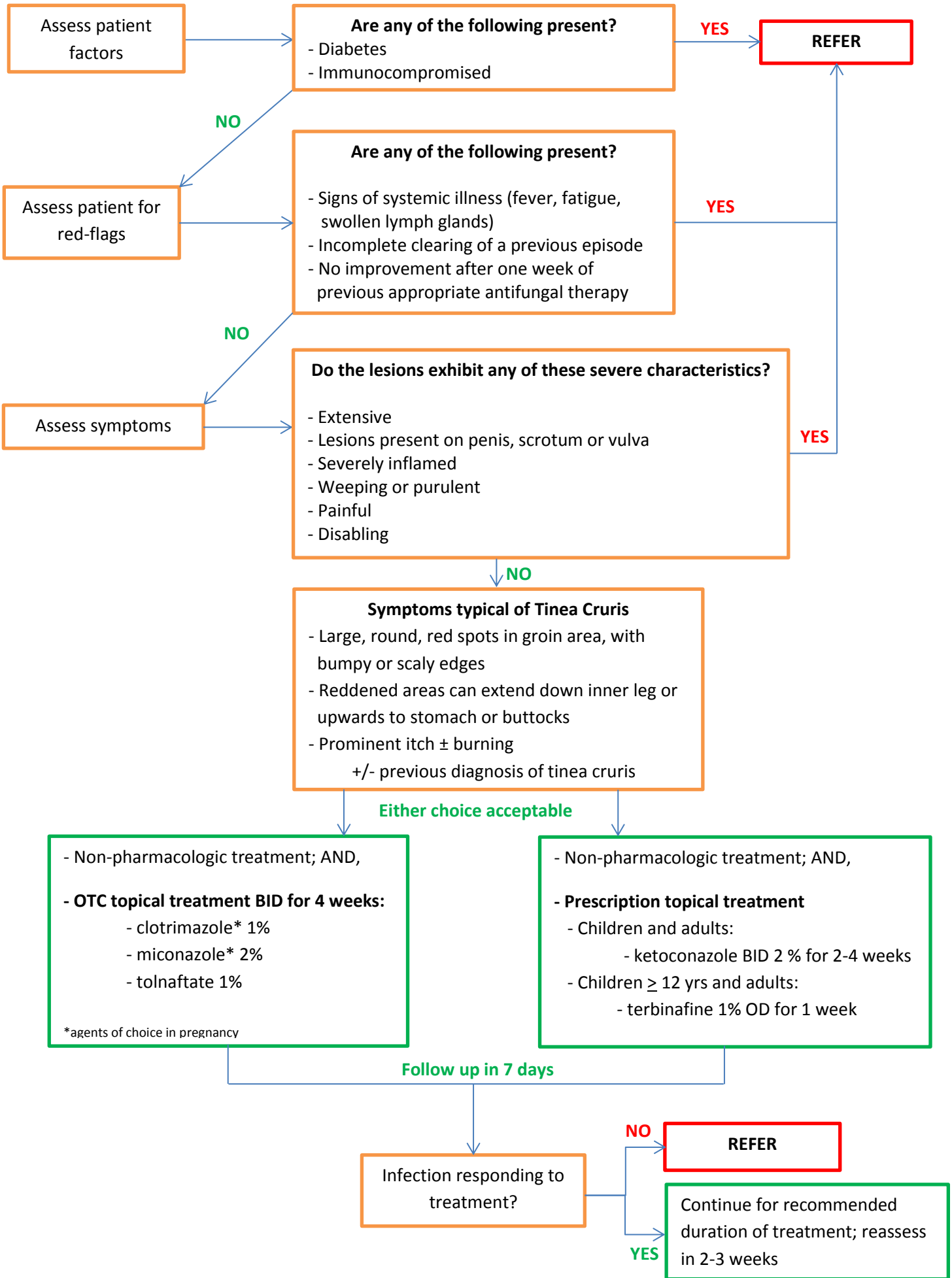


# TINEA CRURIS (JOCK ITCH)



Assess patient factors

**Are any of the following present?**

- Diabetes
- Immunocompromised

YES

**REFER**

NO

Assess patient for red-flags

**Are any of the following present?**

- Signs of systemic illness (fever, fatigue, swollen lymph glands)
- Incomplete clearing of a previous episode
- No improvement after one week of previous appropriate antifungal therapy

YES

NO

Assess symptoms

**Do the lesions exhibit any of these severe characteristics?**

- Extensive
- Lesions present on penis, scrotum or vulva
- Severely inflamed
- Weeping or purulent
- Painful
- Disabling

YES

NO

**Symptoms typical of Tinea Cruris**

- Large, round, red spots in groin area, with bumpy or scaly edges
- Reddened areas can extend down inner leg or upwards to stomach or buttocks
- Prominent itch ± burning
- +/- previous diagnosis of tinea cruris

**Either choice acceptable**

- Non-pharmacologic treatment; AND,
- **OTC topical treatment BID for 4 weeks:**
  - clotrimazole\* 1%
  - miconazole\* 2%
  - tolnaftate 1%

\*agents of choice in pregnancy

- Non-pharmacologic treatment; AND,
- **Prescription topical treatment**
  - Children and adults:
    - ketoconazole BID 2 % for 2-4 weeks
  - Children ≥ 12 yrs and adults:
    - terbinafine 1% OD for 1 week

**Follow up in 7 days**

Infection responding to treatment?

NO

**REFER**

YES

Continue for recommended duration of treatment; reassess in 2-3 weeks