TINEA CRURIS (JOCK ITCH)

Assess patient factors

- 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 → REFER

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 → REFER

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

Follow up in 7 days

NO → REFER

YES → Infection responding to treatment?

- 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

NO → REFER

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