

Topical Antifungals

Information for clinicians

Assessing and treating common fungal infections



	Presentation	Location	Treatment
Tinea (dermatophytes)	Ring shaped with a defined edge and central clearing ('ringworm').	Scalp (<i>tinea capitis</i>)	Topical therapy Terbinafine 1% cream or gel once or twice daily, for 7 to 14 days for infections in the trunk, limb, face or between fingers or toes. Topical azoles (see below) are an alternative but need to be given for 14 days .* Nystatin is <u>not</u> effective for tinea Oral therapy is indicated for infection that is widespread, severe, recurrent, or not responding to topical therapy. It is often required for scalp lesions and for nail infections. Terbinafine is typically used - refer to the Therapeutic Guidelines for oral therapy recommendations.
	OR	Face (<i>tinea faciei</i>),	
	Scaly and itchy areas between toes, ('athlete's foot'), or in groin ('jock itch').	Trunk and limbs (<i>tinea corporis</i>)	
	OR	Feet (<i>tinea pedis</i>)	
	Thickened, discoloured, pitted nails.	Groin (<i>tinea cruris</i>)	
		Nails (<i>tinea unguium</i>)	
Cutaneous candidiasis (thrush)	Can be itchy.	Skin folds:	Topical therapy Clotrimazole 1% / econazole 1% / miconazole 2% cream twice daily, until the skin is clear * OR Bifonazole 1% / ketoconazole 2% cream once daily, until the skin is clear * OR Terbinafine 1% cream once daily, until the skin is clear * Oral therapy may be considered if there is poor response to topical therapy. Fluconazole is typically used - refer to the Therapeutic Guidelines for oral therapy recommendations. <i>Seek expert advice for immunocompromised patients with persisting candidiasis despite treatment.</i>
	Moist.	<ul style="list-style-type: none">• Flexures• Submammary area• Under arms• Groin - vagina, scrotum, buttocks	
	Red skin rash.	Can complicate dermatitis e.g. 'nappy rash' or 'incontinence dermatitis'.	
	Sometimes with surrounding pustules, blisters, or satellite lesions.		
	Usually minimal scaling.		
*If not improving after 14 days, a clinical review and consideration for alternative diagnoses is required.			

This fact sheet is intended as a guide only and does not equate to expert opinion. Interpretation of recommendations should always be taken in context with local variations, a patient's current condition and formal clinical review. Our recommendations are based on review of the current literature and expert consensus. For further information or if unsure, refer to the Therapeutic Guidelines or seek expert advice.