

MENOMINEE INDIAN SCHOOL DISTRICT

453.36 Exhibit

BASIC INFORMATION ABOUT RINGWORM
(Tinea)

DESCRIPTION

Fungus (tinea) infection of the skin. This is transmitted by person-to-person contact or by contact with infected surfaces, such as towels, shoes or shower stalls. It is found almost everywhere. Ringworm can involve the scalp (tinea capitis); skin (tinea corporis); groin skin (tinea cruris); nails (tinea unguium); feet (tinea pedis) and skin with beard (tinea barbae). It affects children and adults in is more common in males than females.

Frequent Signs and Symptoms

Lesions that itch (sometimes) and have the following characteristics:

- On the scalp-lesions cause patchy hair loss and scaling scalp.
- On body skin-lesions are red, circular, flat, scaling and have well-defined borders.
- On the bearded area of the face-lesions cause an itchy, scaling rash under the beard.
- On the feet-in the skin between the toes, a macerated scaling occasionally blistered, itchy rash.
- Of the nails-thickened, yellow dull nails with crusting at the free edge.

Causes

Fungus infection with one or more of 5 different fungi.

Risk Increases With

- Crowded living conditions.
- Contact with infected animals.
- Daycare centers or schools.
- Immunosuppression due to illness or drugs.
- Chronic moisture and chafing of the skin.

Preventive Measures

The fungi are so prevalent that total prevention is impossible.

To minimize risk:

- Get treatment for pets that have skin problems.
- Carefully dry feet after bathing in tub or shower or swimming.
- Good personal hygiene.
- Don't share headgear (hats, combs, brushes).
- Avoid tight shoes or underwear that may rub or chafe the skin.
- Apply antiperspirant to your feet if they perspire excessively.

Expected Outcomes

Usually curable with treatment, but may take weeks to months depending on location. Recurrence is common and ringworm becomes chronic in 20% of cases.

Possible Complications

Secondary bacterial infection of ringworm lesions.

TREATMENT

General Measures

- Diagnostic tests may include microscopic exam of skin scrapings in potassium hydroxide solution, laboratory culture of skin scrapings, and examination with ultraviolet light (Wood's lamp) for ringworm on the scalp.
- Treatment is usually with topical medications; other specific care depends on location of infection.
- For infection on the body: carefully launder all clothing, towels or bed linens that have touched the lesions.
- Keep the skin dry. If the area is red, swollen and weeping, use compresses made of 1 teaspoon salt to pint water. Apply 4 times a day for 2 to 3 days before starting the local antifungal medication.
- For infection of the scalp, shampoo the hair every day. Have the hair cut short, but don't shave the scalp (wear clothing that can be sterilized). Repeat this procedure every 2 weeks, or whenever the hair grows back.
- For infected feet, expose feet to air whenever possible, wear sandals or leather shoes, wear cotton socks, wash and dry feet at least twice a day.
- For infected beard, let beard grow. If necessary to shave, use electric shaver and not a blade.
- For nail infection, keep nails short.

Medications

- Topical antifungal drugs in the form of creams, lotions, or ointments. Treatment may continue after symptoms disappear to eradicate the fungi and prevent recurrence.
- In widespread infections or nail infections, an oral antifungal may be prescribed.

Activity

No restrictions.

Diet

No special diet.

NOTIFY OUR OFFICE IF

- You or a family member has symptoms of ringworm.
- Ringworm lesions become redder, painful and ooze pus.
- Symptoms don't improve in 3 or 4 weeks, despite treatment.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

APPROVED: May 2000

REVISED: January 9, 2006