



Minor Ailment Condition GROIN AREA INFECTION DHOBBIE ITCH OR JOCK ITCH	When to Refer	Advice for Self Care/Non Pharmaceutical Treatment	Treatment Options Formulary Items		
			Drug	Dose and Duration	Advice
<p>Dermatophyte fungal skin infections occur at a variety of sites. The groin area infection is also known as <i>Tinea cruris</i>, Dhobie itch or Jock itch. It is more common in men than women.</p> <p>Symptoms</p> <ul style="list-style-type: none"> • Scaly, erythematous, circular lesions characterised by well defined edges. • The rash, which is symmetrical, appears clear from the centre, is redder at the edge and spreads outwards. • Pruritis is often present. • Lesions affect the groin and the upper parts of the thighs. • The rash is usually bilateral but usually spares the penis and scrotum. • Many sufferers have co-existing athlete's foot. <p>People should be given advice regarding general hygiene measures in order to improve healing and reduce the risk of the spread of infection. Most minor localised fungal skin infections can be successfully treated with topical antifungal agents.</p>	<ul style="list-style-type: none"> • Children under 6 years old • Patients with diabetes • Patients who are pregnant • Recurrent past history of fungal skin infections • Immunosuppressed patients • People with suspected secondary bacterial infection • Patients where penis or scrotum involved in rash • Patient who has had condition longer than four weeks • OTC treatment failure or no improvement after 2 weeks 	<p>Advise patient :</p> <ul style="list-style-type: none"> • There is a need to stop sports activities until infection clears. • Care should be taken to avoid transmission by careful hygiene and appropriate treatment. • Change underwear daily, as fungi may persist in skin debris. • Wash area daily and dry thoroughly afterwards. • Do not share towels and wash towels frequently. • Avoid scratching affected skin as this may spread infection to other sites. • If athlete's foot is present, ensure this is also treated in order to reduce risk of reinfection. • Avoid occlusive tight clothes to reduce risk of friction or skin trauma. • Skin moisture may increase risk of transmission therefore in warm weather or after exertion ensure good hygiene measures. 	<p>There is evidence that topical treatment with imidazoles or terbinafine is similarly effective in achieving mycological and symptom cure for groin infection. (Treatment with terbinafine may be preferred as a shorter treatment course is required).</p> <p>First line: Adults and children > 6 years Miconazole 2% cream</p> <p>Clotrimazole 1% cream</p> <p>> 16 years Terbinafine 1% gel</p> <p>Second line (combination with steroid): Adults and children > 6 years Daktacort® cream 15g</p>	<p>Apply twice a day for 2–4 weeks</p> <p>Apply thinly twice a day for 2–4 weeks</p> <p>Apply thinly 1-2 daily for 1 week</p> <p>Apply thinly 1-2 daily for 1 week</p>	<p>Topical treatment with imidazoles is usually necessary for 2-4 weeks to clear lesions. Topical treatment should continue for 1-2 weeks after the skin has healed to eradicate any residual fungal material. Rub cream thoroughly into the skin so that the skin does not feel moist.</p> <p>Topical combinations of an antifungal with a corticosteroid are not routinely recommended.</p>



Groin Area Infection (Dhobie itch)

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