

Tinea Pedis in Athletes

Background

1. Common in swimmers, skaters, water polo, runners, soccer, and basketball players

Pathophysiology

1. Pathology of disease
 - Trichophyton rubrum
 - Trichophyton mentagrophytes
2. Risk factors
 - Skin trauma
 - Sharing showers

Diagnostics

1. Physical exam
 - Various presentations
 - Scaling plaques +/- erythema, especially interdigital
 - Inflammatory vesicles
 - Commonly misdiagnosed as "dry skin"
2. Diagnostic testing
 - Dx by inspection
 - Laboratory evaluation
 - Culture lesion
 - Direct microscopic visualization of fungal hyphae
 - KOH added to scraping from lesion

Differential Diagnosis

1. Allergic contact dermatitis
2. Atopic dermatitis
3. Psoriasis
4. Bacterial infection
5. Viral infection
6. Xerosis
7. Pitted keratolysis

Therapeutics

1. Mild infections: topical antifungal cream
2. Severe infections: oral antifungal medication
 - Fluconazole 150mg PO weekly x 3-4 weeks
 - Itraconazole 100mg PO daily x 3 weeks
 - Terbinafine 250mg PO daily x 2 weeks

Prevention

1. Synthetic socks to maintain dry feet
2. Wear sandals in locker rooms and showers

References

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3. Adams BB. Transmission of cutaneous infections in athletes. *Br J Sports Med.* 2000 Dec; 34(6):413-4.
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