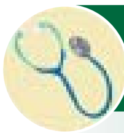

So Itchy Again!

Jerzy Pawlak, MD, MSc, PhD

Jim, 46, presents with plaques on both groin areas with scaling margins, occasional pustules and central clearing (Figure 1).

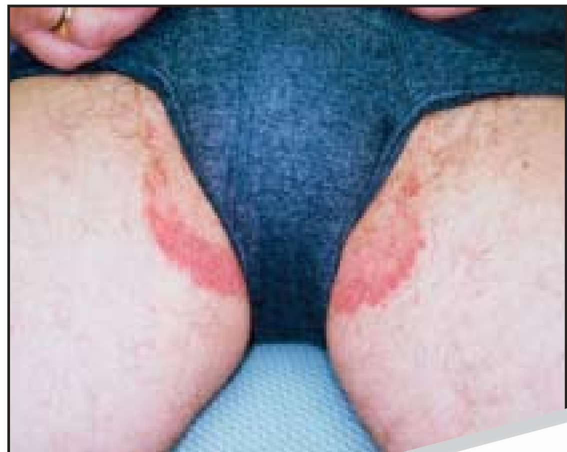

Figure 1. Patient with tinea cruris.

Patient statistics

- Jim is moderately obese and has gained 25 pounds in the last 14 months.
- He is a carpenter and complains of excessive perspiration.
- He has smoked for the last ten years.

Medical history

- Jim is hypertensi
diagn

stop smoking, lose weight, diabetic diet and exercise regularly.

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What's your diagnosis?

a) Psoriasis
b) Seorrheic dermatitis
c) Erythrasma
d) Tinea cruris

Answer:
Tinea Cruris (eczema marginatum, jock itch)

About Tinea Cruris

Tinea cruris is a subacute or chronic dermatophytosis involving groin, perineum and perianal regions caused by *epidermophyton floccosum* or *trichophyton rubrum*.

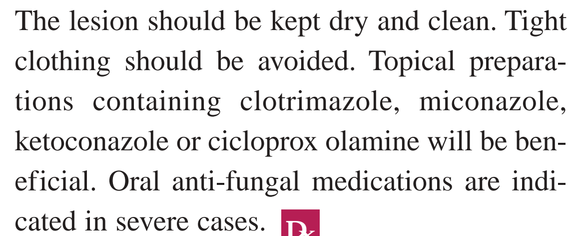
Tinea cruris occurs more frequently in males and is found in all areas of the world, but the infection is more common in the tropics.

The lesions are sharply marginated with scales, crythematous and often dry if not secondarily infected.

There may be vesicle formation at the borders. If the lesions are weeping and include satellite vesicular lesions without the raised active margins of typical *tinea cruris*, the etiological agent may be *candida albicans*.

Laboratory and special examinations, direct microscopic examination for fungi, culture or Wood's lamp examination are negative for coral-red fluorescence, as seen in erythrasma.

What is the treatment?



The lesion should be kept dry and clean. Tight clothing should be avoided. Topical preparations containing clotrimazole, miconazole, ketoconazole or cicloprox olamine will be beneficial. Oral anti-fungal medications are indicated in severe cases. Dx

Dr. Pawlak is a General Practitioner, Winnipeg, Manitoba.

Share your cases with us!

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