



# “Why is my groin red and scaly?”

Benjamin Barankin, MD, FRCPC

A 32-year-old Caucasian male presents with mildly pruritic scaly erythematous patches affecting his groin. He incidentally has onychomycosis. No other areas of skin are affected, nor is there any family history of skin disease. He has mitral valve prolapse and is not on any medication.

## 1. What is the most likely diagnosis?

- Seborrheic dermatitis
- Psoriasis
- Tinea cruris
- Candidiasis
- Allergic contact dermatitis

## 2. Which of the following individuals are more prone to this condition?

- Males
- Adults
- Individuals living in hot and humid climates
- Individuals with hand or foot involvement
- All of the above

## 3. What are some possible treatment options?


- Potent topical corticosteroids
- Mild topical steroids
- Topical calcineurin inhibitors to avoid skin-thinning
- Topical antifungals
- All of the above



Figure 1. Red and scaly groin.

Tinea cruris is a superficial fungal infection which is often mildly pruritic. It is more common in adult males and in hot humid climates. Individuals wearing tight-fitting clothes, athletes and those with obesity, or diabetes are also more likely to be affected. The most common etiologic agents are *Trichophyton rubrum* and *Epidermophyton floccosum*. This infection can be transmitted via autoinoculation (from tinea pedis, onychomycosis) or from fomites, such as contaminated towels.

Typically, there is a large patch of erythema with central clearing and a well-demarcated border with scale. The penis and scrotum are rarely affected, while the perineum and buttocks are the areas most often involved. Half of patients will have co-existing tinea pedis or onychomycosis. If treated with topical steroids, the rash becomes tinea incognito and thus can appear more erythematous and less scaly.

Along with the use of topical antifungals (e.g., terbinafine, clotrimazole or ciclopirox), patients should be encouraged to lose weight where appropriate, treat additional affected areas (e.g., feet) and to ensure the groin is dried thoroughly after bathing. 

“Case in Point” is a series of interesting cases and diagnoses so general practitioners can sharpen their skills. Submissions and feedback can be sent to [diagnosis@sta.ca](mailto:diagnosis@sta.ca).

Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.

Answers: 1-c; 2-e; 3-d