



“What’s wrong with my feet?”

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A 60-year-old male with a history of hypothyroidism and Type 2 diabetes mellitus presents with a one-year history of foot odour and maceration affecting his plantar feet and moreso, in the interdigital space where scaling and fissuring are evident.

1. What is the most likely diagnosis?

- Psoriasis
- Foot dermatitis
- Tinea pedis (interdigital)
- Erythrasma
- Xerosis

2. What are the main variants of this condition?

- Moccasin
- Ulcerative
- Interdigital
- Inflammatory/vesicular
- All of the above

3. What is the preferred treatment option?

- Liquid nitrogen cryotherapy
- Potent topical corticosteroids
- Topical antifungal creams
- Oral antifungal therapy
- All of the above




Tinea pedis is most commonly caused by the dermatophyte *Trichophyton rubrum* and less commonly, by *Trichophyton mentagrophytes* and *Epidermophyton floccosum*. Prevalence increases with age and is uncommon before puberty.

The four main clinical presentations are:

- interdigital,
- moccasin/hyperkeratotic,
- inflammatory/vesicular and
- ulcerative.

The interdigital variety, as displayed in this case, exhibits maceration, fissuring and scaling, accompanied by pruritus and sometimes odor. It typically affects the interdigital areas, but may extend onto the plantar surface. Hyperhidrosis is a risk factor and *Candida albicans* or other bacteria can complicate the process. Typically, patients will note pruritic, scaly soles and painful fissures between toes. Many individuals incorrectly attribute their dry, scaling feet to dry skin.

Tinea pedis, without nail involvement, is typically treated on the interdigital and plantar surface with topical antifungals for three weeks to six weeks. Ciclopirox, terbinafine or the imidazole antifungals (e.g., ketoconazole) are particularly effective. Moccasin-type is more difficult to treat and requires a longer duration of therapy, as well as the use of keratolytics. 

“Case in Point” is a series of interesting cases and diagnoses to help general practitioners sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

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