Clinical Research on Foot & Ankle

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Athlete's Foot: Causes, Symptoms and Diagnosis

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Commentary

Athlete's foot, which is medically known as tinea pedis, is a common skin disease on the feet caused by fungus. In rare cases the skin may develop bumps. Athlete's foot fungus can infect any part of the foot, but usually grows between the toes. It is a member of a group of diseases known as tinea. Athlete foot is caused by a number of di erent fungi, including the Trichophyton, Epidermophyton, and Microsporum species. is condition is usually found in contact with infected skin, or fungus in the surrounding area. Common places where fungi can live are near swimming pools and changing rooms. ey can also be transmitted through other animals. Diagnosis is usually made based on symptoms and signs; however, it can be culturally validated or detected hyphae using a microscope. Other preventative measures include: not walking barefoot in public water, keeping nails short, wearing shoes big enough, and changing socks every day. If you are infected, your feet should be kept dry and clean and wearing sandals can help. Treatment may be with antifungal medication applied to the skin such as clotrimazole or, with chronic diseases, an oral antifungal medication such as terbina ne. e use of the cream is usually recommended for four weeks. Because the athlete's foot may sting, it may trigger a heated re ex, causing the householder to scratch the infected area before he or she can detect it. Itching can severely damage the skin and worsen the condition by allowing the fungus to spread easily and thrive. A sting that accompanies an athlete's foot can be so severe that it can cause athletes to scratch their wounds to reduce the risk of infection. Excessive scratching may remove the scalp, preventing the cooling process. Scratching infected areas can also spread fungus on the ngers and under the nails. If not washed quickly enough, it can spread to the ngers and toes, growing on the skin and the testicles. A er being scratched, it can spread to other parts of the body, including other organs and the environment. Itching also causes infected patches of skin to fall into a person's area, leading to further spread. When fungus on an athlete's foot or full skin particles spread on clothes, shoes, etc. even if by scratching, falling, or rubbing, they can not only infect other people, they can also infect the host from which they come. For example, infected feet invade human socks and shoes that expose the fungus' feet and toes when worn again. e easy spread of mold to other parts of the body causes another problem. When the fungus spreads to other parts of the body, it can easily spread back to the feet a er foot treatment. And because the condition is so pronounced in each of the a ected areas, people who are infected may not be aware that it is the same disease. Some people may have a fungal reaction called id reaction where blisters or vesicles may appear on areas such as the hands, chest and arms. Once the fungus has spread to pets, it can then spread to the hands and ngers of pampering people. If a pet is prone to eating it, it may not be a ea that responds to it, it may be an unsatisfactory bite of the tinea. In addition to the exposure to any of the transmission methods listed above, there are additional risk factors that increase a person's risk of athlete's foot injury. People who have had athlete's foot before are more likely to become infected than those who have not. Conventional treatment usually involves washing the feet thoroughly daily or twice a day, followed by the use of topical medication. Because the outer skin layers are damaged and are at risk of re-infection, topical treatment usually continues until all skin layers are replaced.

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