

RINGWORM - Tinea Corporis

Ringworm is a fungal disease of the skin.

SYMPTOMS: The lesions of ringworm are flat, spreading and ring-shaped. The edge of the lesion is usually reddish and may have water or pus-filled blisters. The lesion may be dry and scaly or moist and crusted. As the lesion spreads, the central area often clears, leaving apparently normal skin.

DIAGNOSIS: Diagnosis is made by microscopically examining scrapings from the lesion for the fungus.

TRANSMISSION: Ringworm is transmitted by direct or indirect contact with the skin or scalp lesions of infected persons or animals. Contaminated floors, showers, etc., may also cause the spread of ringworm. The incubation period is 4-10 days. The period of communicability is as long as lesions are present and live fungus persists on contaminated articles.

TREATMENT:

- Bathe thoroughly with soap and water, removing scabs and crusts.
- Apply a topical fungicide to the entire lesion and surrounding area.
- Treatment with the fungicide cream is usually twice a day until clear (possibly 2-4 weeks).
- Household pets should be examined for signs of infection.
- Clothing and bedding should be laundered frequently in hot water.

SCHOOL IMPLICATIONS:

- When under treatment, infected children should be excluded from gymnasiums, swimming pools and activities likely to lead to exposure of others.
- Prompt treatment of infected persons helps prevent transmission of the infection.
- Hands should be washed frequently and thoroughly.
- Avoid contact with personal articles like towels or combs.