

Ringworm (Tinea Corporis)

Ringworm is infection of the skin with types of fungi called dermatophytes. The name comes from the distinct, circle-shaped rash produced by this infection. The infection is spread by contact with infected people or animals or with objects that have infected scales on them. Treatment with topical (placed on the skin) antifungal medications is usually effective.

What is ringworm and how is it spread?

Ringworm is a common infection caused by various dermatophytes, a type of fungus. Ringworm is also called “tinea corporis.” Ringworm is most common in young children, but it can occur in any age group. The fungus spreads from person to person or from animals (pets)—if from a pet, the animal may have patches of fur loss (“mange”). The infection may also be spread by objects containing infected scales, such as clothing.

Dermatophytes can also cause infections of the feet (athlete’s foot) or groin (jock itch). These infections are different, because of the unique characteristics of the skin in the infected areas. Ringworm can also appear on the scalp, where it is called “tinea capitis.”

What does it look like?

- Ringworm usually starts as a small, scaly, red patch on the skin almost anywhere on the body.
- The rash spreads outward over a few days. The edges of the rash are often raised, with little bumps. As the rash spreads, the middle of the round area clears, causing the typical circle or ring shape.
- Sometimes there are blisters, pimples, or lots of red bumps instead of scales, but they still usually occur in a circular pattern. Sometimes there is no central clearing, so the ring-shaped pattern doesn’t occur.
- The rash can look similar to several different skin conditions. Sometimes it looks like eczema—with dry, scaly patches of skin. Children with immune problems may have a larger, more severe rash.

What are some possible complications of ringworm?

Serious complications are very rare.

What increases your child’s risk of ringworm?

Ringworm is most common in young children but may occur at any age. The fungus may be passed to several people by one infected person (or pet).

How is ringworm diagnosed?

The doctor may recognize ringworm from the appearance of the rash. Because ringworm can look like other conditions, a sample of the scale may be collected by scraping the rash. The doctor can look at the sample under the microscope to see if fungus is present or may send it for culture. If culture is performed, it may take a week or longer to get the results.

How is ringworm treated?

- Ringworm is usually treated with a topical (placed on the skin) antifungal cream or ointment.
- The doctor may recommend an over-the-counter antifungal medication, such as Monistat or Lotrimin, or may recommend a prescription medication. Apply the topical medication on the rash daily for about 3 weeks, depending on how severe it is.
- If the infection is severe or does not improve with topical treatments, your doctor may recommend an oral antifungal medication.
- The rash usually clears up after a few weeks of treatment. Follow your doctor’s instructions.

When should I call your office?

Call our office if the rash isn’t eliminated after treatment or if it returns.