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[Home](#) | [Fungal](#)

Tinea corporis

Tinea corporis (ringworm) is the name used for infection of the trunk, legs or arms with a [dermatophyte](#) fungus.

In different parts of the world, different species cause tinea corporis. In New Zealand, *Trichophyton rubrum* (*T. rubrum*) is the most common cause. Infection often comes from the feet ([tinea pedis](#)) or nails ([tinea unguium](#)) originally. *Microsporum canis* (*M. canis*) from cats and dogs, and *T. verrucosum*, from farm cattle, are also common.

Tinea corporis



Microsporum canis



Trichophyton rubrum



Treated *Trichophyton verrucosum* infection has left temporary pale marks



Trichophyton rubrum



Trichophyton rubrum



Microsporum canis

[More tinea corporis images](#)

Clinical features

Tinea corporis may be acute (sudden onset and rapid spread) or chronic (slow extension of a mild, barely inflamed, rash). It usually affects exposed areas but may also spread from other infected sites.

Acute tinea corporis presents as itchy inflamed red patches and may be pustular. The cause is often infection by an animal (zoophilic) fungus such as *M. canis*.

Chronic tinea corporis tends to be most prominent in body folds (spreading from [tinea cruris](#)). *T. rubrum* is the most common cause. If widespread, the condition tends to be stubborn to treat and prone to recurrence. This is possibly due to a decreased natural skin resistance to fungi or because of reinfection from the environment.

The term "ringworm" refers to round or oval red scaly patches, often less red and scaly in the middle or healed in the middle. Sometimes one ring arises inside another older ring.

Kerion is an inflamed fungal abscess. It presents as a boggy mass studded with pustules, often with satellite spots. It is often confused with a large boil or carbuncle or a tumour such as a skin cancer.

Tinea imbricata is due to *T. concentricum* and occurs in the Pacific Islands and other tropical areas. It results in brown scaly concentric rings.

Non-fungal conditions resembling tinea corporis include:

- [Impetigo](#)
- [Seborrhoeic dermatitis](#)
- [Psoriasis](#)
- [Discoid eczema](#)
- [Lichen simplex](#)
- [Contact allergic dermatitis](#)
- [Pityriasis rosea](#)

Diagnosis

The diagnosis of tinea corporis is confirmed by microscopy and culture of skin scrapings.

If you have a ringworm infection, consult your doctor or [dermatologist](#) for an examination and advice.

Related information

On DermNet NZ:

- [Tinea](#)
- [Introduction to fungal infections](#)
- [Laboratory tests for fungal infections](#)
- [Treatment of fungal infections](#)
- [More tinea corporis images](#)

Other websites:

- [Tinea corporis](#) - e-medicine dermatology, the online textbook

Books:

See the [DermNet NZ bookstore](#)

DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

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