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## Tinea pedis

Tinea pedis is a foot infection due to a [dermatophyte](#) fungus. Tinea pedis thrives in warm humid conditions and is most common in young adult men.

Tinea pedis is most frequently due to:

- *Trichophyton (T.) rubrum*
- *T. interdigitale*, previously called *T. mentagrophytes var. interdigitale*
- *Epidermophyton floccosum*

### Tinea pedis



Moccasin tinea pedis



[More images of tinea pedis](#)

### Clinical features

Tinea pedis has various patterns and may affect one or both feet.

- Chronic hyperkeratotic tinea refers to patchy fine dry scaling on the sole of the foot
- 'Moccasin' tinea is extensive hyperkeratotic tinea, in which the skin of the entire sole, heel and sides of the foot is dry but not inflamed. The affected area does not include the top of the foot. This is usually caused by *T. rubrum*.
- [Athlete's foot](#) i.e. moist peeling irritable skin between the toes, most often in the cleft between the fourth and fifth toes.
- Clusters of blisters or pustules on the sides of the feet or insteps (more likely with *T. interdigitale*).

- Round dry patches on the top of the foot (ringworm like [tinea corporis](#)).

## Predisposing factors

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Tinea pedis affects all ages but is more common in adults than in children. The fungal spores can persist for months or years in bathrooms, changing rooms and swimming pools. Walking bare foot on a communal floor or sharing a towel can result in infection.

Some people are particularly prone to troublesome tinea pedis. This may be because:

- They are more exposed to the spores at home or during recreational activities.
- Their skin produces less fatty acid (a natural antifungal agent).
- They wear occlusive footwear.
- They wear the same pair of socks or shoes for long periods.
- They sweat excessively ([hyperhidrosis](#)).
- They have some form of immune deficiency e.g. medication such as azathioprine, or infection with [human immunodeficiency virus](#).
- They have poor circulation resulting in cold feet e.g. due to [lymphoedema](#).

## Diagnosis of tinea pedis

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

## Resistance to treatment

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If treatment is unsuccessful consider whether you have:

- Untreated infection eg of the nails ([onychomycosis](#)).
- Reinfection from contact with spores in your surroundings or clothing.
- An untreated infected family member.
- An alternative explanation for your symptoms such as [dermatitis](#) or [psoriasis](#) (see your family doctor or dermatologist for a diagnosis).

Moccasin tinea is particularly resistant to treatment.

### Related information

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#### On DermNet NZ:

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

#### Other websites:

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

#### Books about skin diseases:

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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