

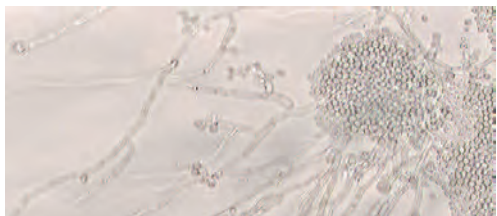


Cutaneous candidiasis

By Nancy Morgan, RN, BSN, MBA, WOC, WCC, DWC, OMS

Each issue, *Apple Bites* brings you a tool you can apply in your daily practice. Here's an overview of cutaneous candidiasis.

Cutaneous candidiasis is an infection of the skin caused by the yeast *Candida albicans* or other *Candida* species. Here's a snapshot of this condition.



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Cause

Yeast fungi, which include the *Candida* species, are normal flora found throughout the human GI tract. These fungi thrive in a warm, moist environment, so certain conditions, such as poor hygiene, tight clothing, moist skin under surgical or wound dressings, high humidity, and constantly moist skin can result in overgrowth. When the overgrowth occurs on skin, it's called cutaneous candidiasis. Other conditions that can contribute to cu-

taneous candidiasis include compromised immunity, antibiotics, stress, and diabetes.

Characteristics

- **Location**—most commonly found in intertriginous areas, such as in the axillae, groin, body folds, gluteal folds, digital web spaces, and glans penis, as well as beneath the breasts
- **Appearance**—in people with light skin tones: bright- to dull-red central area with peripheral red vesicles (satellite lesions); in people with dark skin tones: darker than surrounding skin, color may vary from dark-red to purple, purple-blue, violet, or eggplant
- **Distribution**—consolidated or patchy
- **Shape**—diffuse differential areas; small round erythematous papules, pustules, plaques, and/or satellite lesions
- **Depth**—partial thickness; superficial epidermal infection
- **Wound bed**—pink or beefy red; associated crusting or scaling with cheesy white exudate
- **Margins**—Diffuse and irregular edges; satellite lesions (outside the advancing edge of candidiasis) are the most important diagnostic feature
- **Key diagnostic indicator**—itching and/or burning.

Management

The first strategy is to remove moisture:

- Place absorptive fabric in skin folds.
- Teach the patient and caregiver(s) meticulous skin care.

- Change linen and gowns as frequently as needed to keep dry.
- Minimize friction and shear to the skin when cleansing, and use a pH-based, skin-friendly cleanser. No-rinse cleansers are particularly useful.
- Dry the skin well, especially in the skin folds.

At the first sign of redness, itching, or discomfort, apply an over-the-counter (OTC) or prescription antifungal powder or a silver powder/cream to the area daily per package instructions. **Examples** include:

- Nystatin
- Clotrimazole (Lotrimin, OTC)
- Miconazole (Micatin, OTC)
- Econazole (Spectazole)
- Ketoconazole (Nizoral)

- Oxiconazole (Oxistat).

If, after 10 to 14 days of treatment with an antifungal product, the rash is not resolving, consider switching to another preparation because *Candida* resistance can occur. ■

Nancy Morgan, cofounder of the Wound Care Education Institute, combines her expertise as a Certified Wound Care Nurse with an extensive background in wound care education and program development as a nurse entrepreneur.

Information in *Apple Bites* is courtesy of the **Wound Care Education Institute (WCEI)**, © 2015.

Online Resources

- A. <http://www.woundsource.com/product-category/skin-care/antimicrobialsantifungals>
- B. <http://www.wcei.net/>

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