

Put Your Best Foot Forward: Advances in the Management of Tinea Pedis



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From a nuisance itch with mild erythema to painful, fissured, inflammatory eruptions that may limit function, cutaneous dermatophyte infections present in a variety of ways, affecting a large population of patients. In fact, Americans make more than 4 million physician visits each year for dermatophytosis.¹ Despite intriguing research findings, such as the recent discovery of the genetic factors that predispose our patients to fungal infections,² most dermatologists are more intently focused on overcoming the day-to-day clinical challenges of treating tinea pedis, which is the most common of all the superficial dermatomycoses, and the predecessor to the development of toenail onychomycosis (tinea unguium).

Recent analysis of data from the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey for the period from 1995 to 2004—the same analysis that documented more than 4 million physician visits for dermatophyte infections annually—found that improper treatment of tinea pedis, tinea corporis, and tinea cruris is common and expensive.¹ The selection of inappropriate agents is just one impediment to effective care. Therapeutic non-adherence by patients, and especially failure to continue therapy until the infectious organisms are completely eradicated, are additional challenges. Reinfection is common, especially in individuals prone to pedal carriage of *Trichophyton rubrum*.

A novel topical antifungal formulation is a welcome new option in the treatment of topical dermatophytosis. Naftifine 2% cream is a topical allylamine antifungal agent for the treatment of superficial dermatomycoses. Previously, naftifine has been available in a 1% gel. A study of naftifine 2% cream for the treatment of tinea pedis found that 2 weeks of treatment was significantly more effective than vehicle and equivalent to 4 weeks of treatment with naftifine 1% gel.³ In a trial of naftifine 2% cream for tinea cruris, 25% of subjects achieved complete cure in 4 weeks. Overall, 60% of subjects treated with naftifine 2% cream achieved treatment success vs just 10% of controls.⁴

Naftifine is a versatile topical antifungal agent with a therapeutic reservoir in skin post-therapy. In vivo, it is fungicidal and potent against a broad spectrum of dermatophyte fungi and provides good activity against *Candida* and *Aspergillus* species. It also exhibits activity against gram-negative and gram-positive bacteria that may potentially colonize toe web spaces secondarily, but is not recommended as a primary treatment for bacterial infections.⁵ With broad antimicrobial activity, naftifine 2% cream offers a cosmetically elegant, once-daily topical treatment option for dermatomycoses. The new 2% strength allows reduced application frequency in addition to a shorter treatment period for tinea pedis compared with other topical antifungals. This may lead to better compliance and better treatment outcome in our patients. Given the prevalence of dermatophyte infections in the United States, and the challenges of management, the availability of an effective topical therapy that permits convenient once-daily and shorter therapy duration is welcome in our daily practices.

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