



Fungus

Have you heard the tongue-in-cheek expression, there's a fungus among us? Well, it holds more truth than you may know. These single-celled or multicellular organisms are, indeed, all around us—in soil, on floors, and on people. Some, such as certain yeasts and mushrooms, can be beneficial to people. Others act as parasites, living on nails, hair, or outer skin, causing diseases such as athlete's foot and fungal nail infection.

Fungi can invade through invisible cuts in the skin and in small gaps between the nail and nail bed. They thrive in warm, moist, dark places, which is why shoes, showers, pools, and locker rooms are some of their favorite hangouts. These fungi shed spores, which can spread easily from person to person.

Called tinea pedis, athlete's foot may last a short or long time and can come back after treatment. It often appears between toes, but can also show up on the bottom and sides of feet. Symptoms include red or white, dry, cracked, flaking, itchy skin. Sometimes red, scaly, pus-filled bumps can also appear. If not treated promptly, athlete's foot can spread to toenails, hands, and fingernails.

Called tinea onychomycosis, fungal nail infections account for half of all nail disorders, showing up in toenails more often than fingernails. Nail fungal infections can begin as a white or yellow spot under the nail. With time, nails can become brittle, discolored, thick, and crumbly. As debris builds up underneath them, they may loosen or become distorted in shape.

To diagnose a fungal infection, the doctor may scrape a small amount of skin or nail and put it on a glass slide, then look at it under a microscope. To confirm the diagnosis, the sample may be sent to a lab to grow. This can help pinpoint the exact type of fungus and the best way to treat it.

Often you can treat athlete's foot with an over-the-counter antifungal powder or cream, containing miconazole, clotrimazole, or tolnaftate. To keep it from returning, be sure to continue treatment for 1–2 weeks after the infection is gone. If it doesn't get better within 2–4 weeks—or if it returns—you may need stronger, prescription medications. These may be taken in the form of topical creams or lotions, or pills.

Topical medications are less effective with nail infections. Therefore, your doctor will likely prescribe oral medications, which you may need to take for more than a month. Even with treatment, you may have permanent nail damage or it may take up to a year for nails to grow back.

Fungal infections are not usually serious, but they tend to recur in people with a certain inherited trait. Also, people with diabetes or a weakened immune system may find that these infections persist. Be sure to see your doctor in cases like these or if you have signs of a secondary infection, such as swelling, warmth, discharge, or fever.

To prevent fungal infections, wash and thoroughly dry your feet daily. Then put on clean, dry cotton socks—change out of damp ones as soon as you can. Wear sandals in public showers, bathrooms, or locker rooms. If needed, use medicated powder to lessen the amount of sweat you have inside your shoes. It also helps to wear breathable shoes, such as leather—not closed, plastic-lined ones. And don't share footwear. After contact with infected areas of your body, be sure to wash and dry your hands thoroughly.

If you have any questions please feel free to contact me @ 873-3244 or mcglynnrx@tds.net.

Thanks,

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