Cutaneous Candidiasis				
V2.1	Last reviewed: 19/01/2023	Review date: 19/01/2026		



SKIN AND SOFT TISSUE INFECTIONS Cutaneous Candidiasis

(CKS Candida - Skin)

Offer appropriate advice to aid healing and prevent recurrence. In particular:

- Advise the person to avoid skin occlusion when possible (for example tight clothing and non-breathable fabrics), and to change dressings, incontinence pads, or nappies (in babies) before they become saturated.
- Advise the person to wash skin regularly with a soap substitute (for example emulsifying ointment) and ensure skin is dried adequately afterwards, especially in the skin folds.
- If obesity is a contributing factor, offer advice on weight loss.

Treatment

- If the infection is not widespread and the person is not significantly immunocompromised, prescribe a topical antifungal treatment.
- Treatment is with a topical imidazole, continuing after lesions have healed.
- If inflammation or itch is particularly problematic, consider prescribing a mildly potent corticosteroid cream (eg hydrocortisone 1%) for 7 days in addition to topical antifungal.

Medicine ¹	Dosage	Duration			
First choice: topical treatment					
1% Clotrimazole cream or lotion	Apply two to three times a day	Continue for at least 2 weeks to prevent relapse.			
2% Miconazole cream	Apply twice a day	Continue for 10 days after lesions have healed to prevent relapse.			
Systemic treatment may be indi	cated if the disease if severe or no resp	oonse to topical treatment (if under 16 years			
or fluconazole contra-indicated seek specialist advice)					
Fluconazole	Adults and children >16 years:	14 days			
	50mg once a day				
¹ See <u>BNF</u> and <u>BNFC</u> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy and breastfeeding.					

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Version	Author(s)	Date		
V2.1	Nichola Butcher – Specialist MO interface pharmacist	19/01/23	Added information about itch/inflammation. Removed itraconazole as not in CKS/BNF. Doses updated as per BNF/CKS.	