

## SKIN AND SOFT TISSUE INFECTIONS

### Cutaneous Candidiasis

#### (CKS Candida - Skin)

Manifestations of cutaneous candidiasis covered in this guideline include intertrigo (skin fold infections), napkin dermatitis (incontinence pad/nappy/diaper rash), and external genital candidiasis (thrush). Please refer to separate dedicated guidelines for the management of [oral candidiasis](#), [vaginal candidiasis](#), and [fungal nail infections](#).

Provide patients with advice to support healing and help prevent recurrence. In particular:

- **Keep area dry:** Moisture control is key - dry skin thoroughly after washing (especially in the skin folds), and change dressings, incontinence pads, and nappies before they soak through.
- **Wear loose, breathable clothing:** Helps reduce friction and sweating.
- **Avoid irritants: Perfumed products or tight clothing can worsen symptoms**
- If obesity is a contributing factor, offer advice on weight loss.

Admit the person to hospital if [systemic candidiasis](#) is suspected (for example there is peritonitis or meningitis).

#### 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 (e.g. hydrocortisone 1%) for 7 days in addition to topical antifungal.

| Medicine <sup>1</sup>  | 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 skin lesions have healed to prevent relapse. |
| Systemic treatment may be indicated if disease is severe, no response to topical treatment, or the patient is significantly immunocompromised (if under 16 years or fluconazole contra-indicated seek specialist advice) |   |   |
| Fluconazole  | <b>Adults and children &gt;16 years:</b><br>50mg once a day | 14 days   |
| <sup>1</sup> See <a href="#">BNE</a> and <a href="#">BNFC</a> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy and breastfeeding.                                   |   |   |

If the infection has not completely resolved after 14 days of systemic treatment, consider the following:

- swabbing to identify the causative organism
- seeking specialist advice
- referring to a dermatologist.

Have a low threshold for early referral in patients with severe disease, immunocompromised, and/or infection is worsening despite maximal empirical therapy.

Seek specialist advice/refer to dermatology if any of the following apply:

- A child younger than 16 years of age requiring systemic treatment, or if fluconazole is contraindicated.
- The infection has not completely resolved after 2 weeks of systemic treatment.
- There is severe or recurrent infection for which an underlying cause has not been identified in primary care.
- The diagnosis is uncertain.

Accessibility checked. Contains tables which may not be accessible to screen readers.

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