CONDITION

Ringworm of the body

Ringworm of the body is a contagious fungal skin infection that usually causes an itchy, ring-shaped, scaly rash.

WHAT IT IS
Contagious fungal infection of the body's skin

BODY SYSTEM
Skin

MAIN SYMPTOMS
Ring-shaped rash, scaly border, itching, skin colour changes

WHAT CAUSES IT
Infection with dermatophyte fungi

HOW IT IS DIAGNOSED
Skin examination, microscopy, or fungal culture

MAIN TREATMENT
Topical antifungals; oral antifungals for some cases

CAN IT BE CURED?
Yes - antifungals usually clear the infection

IS IT AN EMERGENCY?
No - routine care is usually appropriate

LONG-TERM OUTLOOK
Usually clears, but reinfection can occur

Overview

Ringworm of the body is a common fungal skin infection. Its medical name is tinea corporis . Despite the name, it is not caused by a worm.

The infection affects the outer layer of skin on areas such as the arms, legs, chest, abdomen, or back. Similar fungi can infect the scalp, groin, feet, beard area, or nails, but those infections may need different treatment.

Ringworm often forms a round or oval patch with a raised, scaly edge. The centre may look clearer than the border, creating a ring-like shape. However, not every case looks like a neat ring. The appearance can change with skin tone, the body area involved, and any creams already used.

Ringworm can spread between people, from animals to people, and through contaminated objects. It is usually not dangerous, but treatment matters because the rash may spread, remain contagious, or be mistaken for another skin condition.

Symptoms

The rash usually starts as one or more small, scaly patches. These may slowly grow outward.

Common features include:

On lighter skin, the rash may appear pink or red. On darker skin, it may look red, purple, grey, brown, or darker than the surrounding skin. Redness may be less obvious, so scaling and the raised border can be more useful clues.

The rash does not always have central clearing. It may be harder to recognise if it is widespread, occurs in skin folds, or has been treated with a corticosteroid cream.

Corticosteroids like prednisone or hydrocortisone reduce inflammation. They may briefly make itching or redness seem better, but they do not kill the fungus. The infection can continue spreading while becoming less ring-shaped. This is sometimes called steroid-modified tinea or tinea incognito .

- A round, oval, or irregular patch
- A raised or more active-looking scaly border
- Itching, burning, or mild discomfort
- A centre that looks clearer or less scaly
- Small bumps, blisters, or crusting around the edge
- Several rings that overlap as the infection spreads

Causes and risk factors

Ringworm is caused by fungi called dermatophytes . These fungi feed on keratin, a protein found in the outer skin, hair, and nails.

You can develop ringworm through:

The fungi grow more easily in warm, damp conditions. Sweating, tight clothing, contact sports, shared changing areas, and delayed washing of damp sportswear can increase exposure.

Your chance of a persistent or extensive infection may be higher if your immune system is weakened. Diabetes, circulation problems, or long-term use of medicines that affect immunity

can also make skin infections more difficult to manage.

Ringworm is not a sign of poor personal hygiene. Anyone can catch it, including people who wash regularly.

- Direct skin contact with someone who has the infection
- Contact with an infected animal, especially a cat, dog, or small pet
- Sharing towels, clothing, sports equipment, bedding, or grooming items
- Touching contaminated surfaces
- Spread from another infected area of your own body, such as athlete's foot

Diagnosis

A healthcare professional can often recognise ringworm by examining the rash and asking how it started, whether it itches, and whether you have had contact with an affected person or animal.

Several other conditions can resemble ringworm. These include eczema, psoriasis, contact dermatitis, and other causes of circular rashes. A diagnosis based only on a photograph may therefore be uncertain.

If confirmation is needed, a small sample of scale can be gently scraped from the active edge of the rash. It may be examined under a microscope after preparation with potassium hydroxide, often called a KOH test . This helps reveal fungal structures.

The sample may also be sent for a fungal culture. Culture can identify whether a dermatophyte is growing, although results take longer. Further testing may be considered if the infection is severe, keeps returning, or does not respond to appropriate treatment.

Tell the healthcare professional about any antifungal or corticosteroid creams you have used. These can change the rash's appearance or affect test results.

Treatment and management

Most small, uncomplicated patches on body skin can be treated with an antifungal medicine applied to the skin. These are available as creams, gels, sprays, or solutions. Common categories include allylamine and azole antifungals like fluconazole or terbinafine .

Use the product for its full labelled or prescribed course, even if the rash begins to look better sooner. Treatment usually needs to cover the rash and a small area of surrounding skin. Wash

your hands after applying it unless your hands are the area being treated.

Keep the affected skin clean and dry. Loose, breathable clothing may reduce rubbing and moisture. A cool compress can help with itching, but scratching can damage the skin and spread the infection to other areas.

Do not use a corticosteroid cream by itself on suspected ringworm unless a healthcare professional has advised it. Steroids can suppress the visible inflammation without treating the fungus. Combination creams containing both an antifungal and a strong steroid are also not appropriate for routine self-treatment unless specifically recommended.

Prescription antifungal tablets may be considered when the infection:

Oral antifungals can interact with other medicines and may not suit everyone. A prescriber will consider your health, other medicines, and whether testing is needed.

A rash involving the scalp, beard, or nails should be assessed because creams alone often do not reach those infections effectively.

- Covers a large area or involves many patches
- Extends into hair follicles
- Has not responded to correctly used topical treatment
- Keeps returning
- Occurs in someone with a weakened immune system
- Is caused by a fungus that is less responsive to usual treatment

Complications

Most cases clear without lasting harm. Possible complications include spread to other parts of your body or transmission to people and animals around you.

Scratching may break the skin and allow bacteria to enter. Signs of a bacterial infection include increasing pain, warmth, swelling, pus, or rapidly spreading redness.

A dermatophyte can occasionally enter deeper around a hair follicle. This may cause firm, inflamed bumps or pus-filled spots, a condition called Majocchi granuloma . It is more likely after shaving, skin injury, corticosteroid use, or in people with reduced immunity. It usually needs medical assessment and prescription treatment.

After the fungus has cleared, the affected area may remain lighter or darker than the surrounding skin. This is a change in pigment rather than proof that the infection is still active. The colour often fades gradually, but it can last for months.

Some dermatophytes are becoming resistant to certain antifungal medicines. Resistance is not the most common reason for treatment failure. An incorrect diagnosis, inconsistent treatment, steroid use, or repeated exposure may also explain why a rash persists.

Prevention

Ringworm cannot always be prevented because the fungi spread easily and an infected person or animal may have subtle symptoms. You can reduce the chance of catching or passing it on.

Avoid sharing towels, clothing, bedding, hair tools, or sports equipment while an infection is active. Wash clothing and towels regularly and let them dry fully. Clean frequently touched sports gear according to the manufacturer's instructions.

Keep sweaty skin and clothing as dry as practical. Change out of damp exercise clothes and avoid leaving wet towels in shared areas.

If you also have athlete's foot or another fungal infection, treating that area may reduce spread to the body. Put socks on before underwear or trousers if you have athlete's foot, which may reduce transfer from the feet.

Check pets for hair loss, scaling, or crusty patches. An animal can carry ringworm even when the signs are mild. A veterinarian can examine and treat a suspected infection. Human antifungal products should not be applied to a pet unless a veterinarian recommends them.

People living in the same household do not usually need treatment unless they develop symptoms, but shared sources such as pets, towels, or sports equipment may need attention.

Living with it and what to expect

With appropriate treatment, uncomplicated ringworm usually improves over days to weeks. Itching or scaling may ease before the ring fully disappears. The skin's colour can take longer to return to normal.

During treatment, avoid picking at the border or covering it with an airtight dressing unless advised. Continue normal washing, but use your own towel and dry the area gently.

Ringworm can return. Reinfection may come from an untreated fungal infection elsewhere on your body, another person, a pet, or a shared object. A rash that repeatedly returns in the same place may also be a different skin condition and deserves reassessment.

Whether you need to stay away from school, work, sports, or childcare depends on the setting and local policy. Many people can continue routine activities after treatment has started if the

rash is covered where practical and close skin contact or shared equipment is avoided. Contact sports may have stricter return rules.

Persistent ringworm does not usually affect general health, but living with an itchy or visible rash can be frustrating. If it is not following the expected course, confirmation of the diagnosis is more useful than repeatedly trying different creams.

When to get medical help

Arrange routine medical advice if:

Seek prompt medical assessment if the skin becomes increasingly painful, hot, swollen, or produces pus. Fever, red streaks, or rapidly spreading redness can suggest a bacterial infection rather than uncomplicated ringworm.

Ringworm itself is not normally an emergency. Call emergency services if you develop trouble breathing, faintness, or swelling of the lips, tongue, or throat after using a medicine. These may be signs of a severe allergic reaction.

- You are not sure the rash is ringworm
- The rash is widespread, rapidly enlarging, or keeps returning
- It affects your face, scalp, beard area, or nails
- Correctly used non-prescription treatment has not worked
- You have diabetes, poor circulation, or a weakened immune system
- You are pregnant or breastfeeding and need help choosing a treatment
- A child has an extensive rash or you are unsure which product is suitable
- Other household members or pets have similar symptoms

Common questions

Is ringworm really a worm?

No. It is caused by fungi that live in the outer layer of skin. The name comes from the ring-like shape the rash can form.

Is ringworm contagious?

Yes. It can spread through skin contact, infected animals, shared objects, or fungal infection on another part of your own body. Not every exposure leads to infection.

How long does ringworm take to go away?

Many uncomplicated cases clear within several weeks of appropriate treatment. The timing depends on the size, location, fungus involved, and treatment used. Darker or lighter skin colour may remain after the active infection has cleared.

Can I use a steroid cream on ringworm?

A steroid cream alone should not be used to treat ringworm. It does not kill the fungus and can make the infection spread or look less typical. Get advice if you have already used one or if the diagnosis is uncertain.

Can my pet give me ringworm?

Yes. Cats, dogs, and other animals can carry dermatophytes. If a pet has patchy hair loss, scaling, or crusting, arrange a veterinary assessment. Treating only the human infection may allow reinfection.

Why does my ringworm keep coming back?

Possible reasons include stopping treatment too soon, infection on another body area, repeated exposure, steroid use, an incorrect diagnosis, or antifungal resistance. Recurrent or persistent rashes should be examined and may need fungal testing.

Sources

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