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Fungal Groin Infection (Tinea Cruris)



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Fungal groin infection (tinea cruris) is an infection of the groin caused by a fungus. It is a common problem, particularly in athletes and in the elderly. Treatment with an antifungal cream usually works well. The tips given below may help to prevent recurrences.

What is fungal groin infection and how do you get it?



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Fungal groin infection (tinea cruris) is a fungal skin infection of the groin. Some types of fungal germs (fungi) are commonly found on human skin. They usually do no harm. However, if conditions are right they can 'invade' the skin, multiply and cause infection. The conditions fungi like best are warm, moist and airless areas of skin, such as the groin, under the arms and under the breasts.

What are the symptoms of fungal groin infection?

Typically the groin becomes itchy and a bit sore, mainly in the crease between the top of the leg and the genitals. It is more common in men and the scrotum may also be itchy. Red, slightly scaly skin then develops in the groin, usually with a definite edge or border. Both sides are commonly affected. The rash often spreads a short way down the inside of both thighs.

Sometimes the infection spreads to the skin on other parts of the body (or may have first started in another area, such as [athlete's foot \(tinea pedis\)](#)). Fungal infections do not usually go deeper than the skin into the body and are not usually serious.

What is the treatment for fungal groin infection?

You can buy an [antifungal](#) cream from pharmacies, or obtain one on prescription. There are various types and brands - for example, [terbinafine](#), [clotrimazole](#), [econazole](#), [ketoconazole](#) and [miconazole](#). These modern creams are good at clearing fungal skin infections.

- Apply the cream to the surrounding 4-6 cm of normal skin in addition to the rash.
- Apply for as long as advised. This varies between the different creams, so read the instructions carefully.
- For skin that is particularly inflamed, your doctor may prescribe an antifungal cream combined with a mild steroid cream. This would normally be used for no more than seven days. You may need to continue with an antifungal cream alone for a time afterwards. The steroid reduces inflammation and may ease itch and redness quickly. However, the steroid does not kill the fungus and so a steroid cream alone should not be used.

An antifungal medicine taken by mouth is sometimes prescribed if the infection is widespread or severe - for example, [terbinafine](#), [griseofulvin](#), or [itraconazole](#) tablets.

You can read more about treatments for fungal infections in the separate leaflet called [Antifungal Medicines](#).

Photographs showing the typical appearance of fungal groin infection (tinea cruris) and showing how it is treated with an antifungal cream until it is almost gone are available in our Further Reading and References section, below.

Preventing recurring fungal groin infection

- Wash your groin daily; then dry thoroughly. Drying is perhaps the most important point. It is easy to put on underwear when your groin is not quite dry. The damp groin is then an ideal site for fungal germs (fungi) to multiply. (A hairdryer is useful if you have hairy groins.)
- Change underwear daily. Fungi may multiply in flakes of skin in unwashed underwear.
- Check for [athlete's foot \(tinea pedis\)](#) and treat it if you have it. Athlete's foot is a common fungal infection of the toes. In a typical case of athlete's foot, the skin between the toes is itchy and flaky - especially between the outer two toes. The fungi from athlete's foot may spread to the groin. The same creams are used to treat athlete's foot and fungal groin infection (tinea cruris).
- Do not share towels with people in communal changing rooms. Wash towels frequently.
- Keep your own towel when you have a fungal skin infection to reduce the chance of passing on the fungus to others.

Further reading & references

- [Fungal skin infection - body and groin](#); NICE CKS, May 2018 (UK access only)
- [Fungal skin infections](#); DermNet NZ
- [Sahoo AK, Mahajan R](#); Management of tinea corporis, tinea cruris, and tinea pedis: A comprehensive review. Indian Dermatol Online J. 2016 Mar-Apr;7(2):77-86. doi: 10.4103/2229-5178.178099.
- [Ely JW, Rosenfeld S, Seabury Stone M](#); Diagnosis and management of tinea infections. Am Fam Physician. 2014 Nov 15;90(10):702-10.
- [Choudhary S, Bisati S, Singh A et al](#); Efficacy and Safety of Terbinafine Hydrochloride 1% Cream vs. Sertaconazole Nitrate 2% Cream in Tinea Corporis and Tinea Cruris: A Comparative Therapeutic Trial. Indian J Dermatol. 2013 Nov;58(6):457-60. doi: 10.4103/0019-5154.119958.

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