


NOTTINGHAM SUPPORT GROUP FOR CARERS OF CHILDREN WITH ECZEMA

In association with : Nottingham University Hospitals 
NHS Trust

Written by Professor Hywel Williams, Dr Ruth Murphy, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema.

Scalp Ringworm (tinea capitis) - Information for Parents

Introduction

Ringworm is not a worm. It is a general term for a common fungus infection of the skin. It is called ringworm because the infection often appears as a round shape or ring. The general medical name for these infections is 'tinea', though the full name depends on the location of the infection on the body. Ringworm is particularly common among children, but people of any age can catch it.

What causes it?

Ringworm of the scalp (tinea capitis) is a superficial fungal infection of the scalp. Scalp ringworm is caused by mould-like fungi called dermatophytes. Ringworm infection occurs when a particular type of fungus grows and multiplies anywhere on your skin, scalp, or nails.

Who does it affect?

It is most common in children 4-12 years of age.

Is scalp ringworm contagious?

Some scalp ringworm is highly contagious, especially among children. It can be passed from one person to the next by direct skin-to-skin contact or by contact with contaminated items such as unclean clothing, combs, and shower or pool surfaces. You can also catch ringworm from pets that carry the fungus. Look for pets that have patches of missing fur.

What does scalp ringworm look like?

The first sign of ringworm of the scalp may be localised dandruff-like flakes appearing on the hair. Round and/or oval bald patches may appear. The skin may feel itchy and may be red and peeling. The rash may gradually spread over a large area if left untreated. Once the hair is infected, it becomes brittle and breaks off near the root, resulting in bald spots. If treated early, the baldness is temporary.

How is scalp ringworm diagnosed?

Diagnosis of ringworm can often be made by a healthcare professional by its appearance and confirmed by taking a small sample of skin by gently scraping the affected area or plucking the hair. The hair and scalp may also be brushed to collect samples of skin and hair. The sample can be tested and looked at under a microscope or grown in a lab (takes 6 weeks). The fungus sometimes appears fluorescent (glows in the dark) when your skin is looked at using a blue light, called a Wood's lamp.


How is scalp ringworm treated?

Even with treatment, tinea capitis may take weeks and sometimes months to go away. It is possible to get ringworm more than once. Ringworm may cause permanent scarring and hair loss if not treated. Scalp ringworm must be treated with antifungal tablets. Cream and shampoos alone are no good. The most commonly used drug is called griseofulvin, and you usually have to take it for up to 8 weeks. It should not be used if you are pregnant, and men should not father a child within 6 months of treatment. It has an unpleasant taste, which may discourage children from taking the full course of treatment. Other antifungal drugs such as terbinafine for 4 weeks are sometimes used instead of griseofulvin. A shampoo containing selenium, povidone-iodine or ketoconazole may be used as well as antifungal tablets. Antibiotics may be used if there is a bacterial infection as well.

website - www.nottinghameczema.org.uk

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Are there any complications?

Severe forms of tinea capitis can cause a large oozing boggy swelling called a kerion. This can cause pain and fever, and without treatment may lead to permanent scarring and hair loss.

Can my child go to school?


For practical reasons children should be allowed to return to school once they have been commenced on appropriate treatment.

Do my family need to be treated?

Family members as well as other close contacts should be screened and samples taken if they have no signs of the infection. Your dermatology doctor will discuss this with you.

For further advice please contact
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For advice on support issues please contact the NSGCCE via the website
www.nottinghameczema.org.uk and click on the contact icon  at the
top of most pages or email us at enquiry@nottinghameczema.org.uk

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