



VULVOVAGINAL DISORDERS

A PATHWAY TO DIAGNOSIS AND TREATMENT

INTERTRIGO

What is intertrigo?

Intertrigo is a mechanical inflammatory disorder in the skin folds caused by friction, sweating, heat, and lack of air circulation.

What causes intertrigo?

The friction of two skin surfaces rubbing together, with the addition of sweat, results in skin breakdown, then inflammation, then fissuring (splitting of the skin), and possible secondary bacterial or fungal infection from organisms normally found on the skin. Infection is most commonly due to yeast (*Candida*).

Intertrigo is worsened by obesity, tight synthetic clothing, incontinence, and any factors that increase heat, sweating, or wetness in the area.

What are the symptoms of intertrigo?

Patients have itching, burning, and malodor in the skin folds of the groin, the folds under the abdomen, or the folds under the breasts: anywhere where skin rubs on skin. The skin becomes red and may peel, split, and “weep” fluid. There may be “satellite” red papules or pustules that may go on to break down, as well. When this is chronic, the surrounding skin may have a darker (hyperpigmented) outline.

How is intertrigo diagnosed?

This common condition can be recognized by its characteristic presentation. Bacterial culture and skin scraping for yeast may be helpful.

How is intertrigo treated?

The friction must be stopped and the area “aired out” after gentle cleansing with plain water or Cetaphil, followed by patting dry gently. Application of Domeboro’s solution twice a day for 10 minutes may help with drying the skin. Avoid tight, hot, synthetic clothing and keep the area cool and dry. For long-term improvement, obesity and diabetes must be addressed.

It helps to keep the skin folds separated if at all possible. This may be achieved by using strips of soft, cotton cloth between the layers of the skin, changing them frequently if sweating is a problem.

Because secondary infection with *Candida* (yeast) is usually what makes this condition worse, any “azole” cream, such as miconazole or clotrimazole (used commonly for vaginal yeast infections) may be used. Nystatin may also be tried. Ciclopirox is an anti-fungal which has strong anti-inflammatory and anti-bacterial properties and may be used if the



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condition is extreme. These topical preparations are applied twice a day until the condition improves. If bacterial super-infection is suspected or proved by culture, a small amount of mupirocin ointment (Bactroban) may be applied twice a day or oral Erythromycin given.

In severe cases, an oral anti-fungal such as fluconazole, 50-100 mg orally daily or 150 mg orally weekly (or itraconazole 200 mg twice daily) may be used. Oral ketoconazole is not used for intertrigo because of risks of liver damage.

Strong steroid ointments should not be used to treat intertrigo. A very mild hydrocortisone (1-2.5%) ointment applied twice a day for a short time may be advised by your clinician and used safely.

Once the skin starts to heal, drying agents may be used between the skin folds. Zeasorb is one powder used for this, although it has a somewhat gritty texture. Plain cornstarch may be used between the skin folds. The drying agents should not be used on top of the anti-fungal or anti-bacterial creams or ointments, but rather, applied at another time of the day to avoid caking. It may take two to four weeks to see real improvement.

Potential side effects of the topical medications would include increased itching, burning, pain, or redness. Call your clinician if you have any concerns.