

## **Clinical suspicion of tinea in children under 10 kg → hospital management**

### **Challenges**

- Very little bibliographical data on the efficacy of each strategy
- Local treatment: usually insufficient to treat tinea
- Terbinafine: no marketing authorisation (not even in the USA) for children under age 2, < 10 kg
- Fluconazole: formula suitable for infants (oral solution), but not usually indicated for tinea

### **Situation 1 – Limited tinea accessible to local treatment**

Local treatment once a day for 4 weeks, + associated measures + check-up at 4 weeks

### **Situation 2 – Tinea not easily accessible to local treatment, widespread or in treatment failure**

- ✓ Suspicion of trichophytic tinea or in probabilistic treatment: terbinafine 5 mg/kg/day, single dose, magistral preparation, for 4 weeks + local treatment once a day for 4 weeks + associated measures
- ✓ Suspicion of microsporic tinea: itraconazole 3-5 mg/kg/day or fluconazole 6-8 mg/kg/day, single dose, for 4-6 week
- ✓ Liver function test as necessary

***In this population, try to document the tinea as best possible (systematic collection of microbiological specimen)***