and can be used to treat onychomycosis (Table 219-3). The major decision to be made with regard to therapy is whether the extent of nail involvement justifies the use of systemic antifungal agents that have adverse effects, may interact with other drugs, and are very costly. Treating for cosmetic reasons alone is discouraged. Relapses of tinea cruris and tinea pedis are common and should be treated as early as possible with topical creams to avoid development of more extensive disease. Relapses of onychomycosis follow treatment in 25–30% of cases.

FURTHER READING

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