CONDITION

Jock itch

Jock itch is a contagious fungal infection that causes an itchy, scaly groin rash.

WHAT IT IS
Fungal infection of the groin and inner thighs

BODY SYSTEM
Skin

MAIN SYMPTOMS
Itching, burning, scaly rash, raised border

WHAT CAUSES IT
Dermatophyte fungal infection

HOW IT IS DIAGNOSED
Skin examination, scraping microscopy, fungal culture

MAIN TREATMENT
Topical antifungal medicine

CAN IT BE CURED?
Yes, antifungal treatment usually clears it

IS IT AN EMERGENCY?
No, usually managed with routine care

LONG-TERM OUTLOOK
Usually clears but may return

Overview

Jock itch is a fungal infection of the skin around the groin and upper inner thighs. Its medical name is tinea cruris . It is caused by dermatophytes, a group of fungi that feed on keratin, a protein in the outer layer of skin.

The infection grows best in warm, damp areas. It can spread from athlete's foot, another dermatophyte infection, when fungi are carried to the groin by your hands, clothing, or a towel. It can also pass between people through direct skin contact or shared personal items.

Despite its name, jock itch does not only affect athletes. Anyone can develop it. It is more common in people who sweat heavily or have skin folds that stay moist.

Jock itch is usually not dangerous and often clears with antifungal treatment. However, several other conditions can cause a similar groin rash. Getting the right diagnosis matters if the rash is

severe, keeps returning, or does not improve as expected.

Symptoms

Jock itch usually begins in the crease where the leg meets the body. It may then spread across the upper inner thigh, groin, or buttocks. One or both sides can be affected.

Common features include:

The colour can be less obvious on brown or Black skin, so scaling, itching, and the shape of the border may be more noticeable than redness.

Classic jock itch often affects the inner thighs while leaving the scrotum and penis mostly unaffected. This pattern is helpful but not absolute. A rash involving the scrotum may instead be caused by yeast, irritation, eczema, or another skin condition.

Scratching can break the skin. This may cause soreness, oozing, or crusting and can allow bacteria to enter.

- An itchy or burning rash
- A scaly, dry, cracked, or peeling surface
- A raised or sharply defined outer edge
- A curved, ring-shaped, or half-moon-shaped border
- Skin that looks red, pink, brown, purple, or grey
- Clearer-looking skin near the centre of the rash

Causes and risk factors

Jock itch is caused by dermatophyte fungi. The fungi can spread through contact with infected skin or contaminated towels, underwear, bedding, sports equipment, or changing-room surfaces.

The infection often reaches the groin from another part of your own body. For example, you may touch athlete's foot and then touch your groin. Pulling underwear over infected feet can also transfer fungal material.

Factors that make jock itch more likely include:

Having jock itch does not mean that you are unclean. Fungi are common in the environment, and moisture and friction can give them a chance to grow.

- Heavy sweating or hot, humid weather
- Tight or damp clothing
- Not changing out of wet exercise clothes promptly
- Athlete's foot or fungal nail infection
- Close-contact sports
- Sharing towels, clothing, or sports equipment
- Skin folds that trap warmth and moisture
- Diabetes or a weakened immune system

Diagnosis

A healthcare professional can often recognise jock itch by examining the location, border, and surface of the rash. They may also check your feet and nails for another fungal infection that could be acting as a source.

When the diagnosis is uncertain, a small sample of scale may be gently scraped from the active edge of the rash. The sample can be examined under a microscope, often after adding potassium hydroxide, or sent for fungal culture. A culture attempts to grow and identify the fungus, but results can take time.

Testing may be especially useful when a rash does not improve with antifungal treatment or has been changed by steroid cream.

Other conditions can look similar. These include yeast infection of skin folds, contact dermatitis, inverse psoriasis, eczema, and erythrasma, which is a bacterial skin infection. A clinician may use the rash pattern, testing, or a special ultraviolet lamp to help tell them apart.

Treatment and management

Most limited cases are treated with an antifungal medicine applied to the skin. These products are available as creams, gels, sprays, or powders. Common categories include azole and allylamine antifungals like fluconazole or terbinafine .

Follow the product instructions or the plan given by your healthcare professional. Apply the medicine to clean, dry skin and include a small area beyond the visible edge, because fungus can be present there. Complete the recommended course even if the itching improves sooner.

Treatment is less likely to work if the groin remains damp or if untreated athlete's foot keeps

spreading fungi back to the area. Helpful measures include drying the skin carefully, changing sweaty clothes, wearing breathable underwear, and using separate towels for the feet and groin.

A healthcare professional may consider antifungal tablets if the infection is widespread, repeatedly returns, or does not respond to correctly used skin treatment. Tablets can cause side effects and interact with other medicines, so they require an individual assessment.

Avoid using a steroid cream on its own for a rash that might be fungal. Steroids like prednisone or hydrocortisone can reduce redness and itching temporarily while allowing the fungus to spread. This can create an altered infection called tinea incognito , which may be harder to recognise and treat. Combination antifungal and steroid products should only be used when specifically recommended.

If you are treating the rash yourself, seek routine medical advice if it is not clearly improving within the time stated on the product label. The diagnosis or treatment may need to be reviewed.

Complications

Complications are uncommon, but persistent scratching can damage the skin. Bacteria may then cause increasing pain, warmth, swelling, pus, or crusting.

The fungal infection can also spread to nearby skin or other body areas. Recurrence is common when athlete's foot, fungal nails, shared clothing, or ongoing moisture is not addressed.

After the infection clears, the affected skin may remain lighter or darker for a while. This change does not necessarily mean that the fungus is still present. Colour often fades gradually, although it can last for months.

Incorrect use of steroid creams can make the rash larger, less typical, or more difficult to diagnose.

Prevention

Jock itch cannot always be prevented, especially in hot weather or when you are prone to sweating. You can reduce the chance of infection or recurrence by keeping the groin dry and limiting fungal spread.

Practical steps include:

Do not share antifungal medicine with another person. Their rash may have a different cause and need different care.

- Drying the groin fully after bathing or exercise
- Changing underwear, socks, and workout clothing when damp
- Choosing loose, breathable clothing when possible
- Avoiding shared towels, underwear, and unwashed sports clothing
- Wearing sandals in shared showers and changing areas
- Treating athlete's foot and following care advice for fungal nails
- Putting socks on before underwear if you have athlete's foot
- Washing sports clothes and towels after use

Living with it and what to expect

With suitable treatment, many cases begin to feel less itchy within several days. The visible rash and scaling can take longer to disappear. The exact course is affected by the size of the infection, how long it has been present, and whether there is fungus elsewhere on the body.

You can usually continue normal daily activities. Keep the area covered in shared environments, avoid sharing personal items, and wash your hands after touching the rash or applying medicine. If close contact or sport causes rubbing and heavy sweating, you may be more comfortable reducing that activity until the skin improves.

Jock itch can return months or years later. Recurrence does not always mean that the original treatment failed. A new exposure, damp clothing, athlete's foot, or fungal nail infection can start another episode.

Repeated or persistent rashes deserve reassessment rather than repeated treatment by guesswork. A different condition may be present, or an untreated fungal infection elsewhere may be reseeding the groin.

When to get medical help

Arrange routine medical care if:

Seek urgent same-day care if the area becomes increasingly hot, swollen, tender, or starts draining pus. Fever, red streaks, or rapidly spreading redness can suggest a bacterial infection rather than uncomplicated jock itch.

Emergency care is rarely needed. Go to an emergency department if rapidly spreading, painful skin changes occur with severe illness, confusion, faintness, or difficulty staying awake.

- You are unsure whether the rash is jock itch
- The rash is extensive, painful, blistered, or keeps returning
- Treatment used as directed is not helping
- The rash involves the scrotum or has an unusual appearance
- You have diabetes, poor circulation, or a weakened immune system
- You may be pregnant and need advice about treatment choices
- You think a medicine has irritated your skin

Common questions

Is jock itch contagious?

Yes. The fungus can spread through skin contact and shared towels, clothes, bedding, or sports equipment. It can also spread from athlete's foot on your own body. Avoid sharing personal items, and wash your hands after touching the rash.

Can women get jock itch?

Yes. Although it is more often recognised in men, anyone can get a dermatophyte infection in the groin. Yeast and irritation can cause similar rashes, so testing may be useful when the pattern is not typical.

Does jock itch go away on its own?

It may occasionally settle if the area becomes cool and dry, but fungal infections often persist or spread without antifungal treatment. A rash that does not improve should be checked because it may not be jock itch.

Can I use hydrocortisone cream on jock itch?

Steroid creams such as hydrocortisone can briefly reduce itching but do not kill the fungus. Used alone, they may hide or worsen the infection. Ask a pharmacist or healthcare professional before using a steroid on an unexplained groin rash.

How can I tell jock itch from a yeast infection?

Jock itch often has a scaly, raised outer edge and mainly affects the inner thighs. A yeast rash may involve the scrotum or the deepest part of a skin fold and can have small nearby spots or pustules. These patterns overlap, so appearance alone cannot always confirm the cause.

Why does my jock itch keep coming back?

Common reasons include ongoing moisture, stopping treatment too early, untreated athlete's foot or fungal nails, and repeated exposure through clothing or towels. Sometimes a recurring rash is another condition that looks fungal and needs a fresh diagnosis.

Sources

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