CONDITION

Thrush - children and adults

Thrush is an overgrowth of Candida yeast that can affect the mouth, genitals, skin folds, or nappy area.

WHAT IT IS
Candida yeast overgrowth on moist body surfaces

BODY SYSTEM
Mouth, skin, and genital areas

MAIN SYMPTOMS
White mouth patches, itching, soreness, red rash

WHAT CAUSES IT
Candida yeast overgrowth

HOW IT IS DIAGNOSED
Examination; sometimes microscopy or culture

MAIN TREATMENT
Antifungal medicines and moisture control

CAN IT BE CURED?
Yes - antifungals usually clear surface infection

IS IT AN EMERGENCY?
Sometimes - breathing trouble or severe illness needs emergency care

LONG-TERM OUTLOOK
Usually clears, though some people have repeated episodes

Overview

Thrush is a common name for an overgrowth of Candida , a type of yeast. Small amounts of Candida normally live on the skin and in places such as the mouth, bowel and vagina without causing problems.

Thrush develops when conditions allow the yeast to multiply. This can cause soreness, itching, inflammation or white patches. It most often affects the mouth, vagina, penis, skin folds or the area beneath a nappy.

Oral thrush is common in babies because their immune systems are still developing. Adults can also develop it, especially after antibiotics like amoxicillin or doxycycline , while using certain inhalers, or if they wear dentures. Genital thrush is more common in people with a vagina, but it can also affect the penis and surrounding skin.

Thrush is usually uncomfortable rather than dangerous. It is not normally classed as a sexually transmitted infection, although sex can sometimes trigger symptoms or pass Candida between partners. Repeated or unusually severe thrush may need investigation for an underlying factor.

Surface thrush is different from invasive candidiasis. Invasive candidiasis is a serious infection involving the blood or internal organs, mainly seen in people who are critically ill or have major medical risk factors. Ordinary mouth, skin or genital thrush does not usually develop into this in an otherwise healthy person.

Symptoms

Symptoms depend on which part of the body is affected.

Oral thrush can cause:

A baby may be unsettled during feeds or pull away because their mouth is sore. Milk coating usually wipes away easily, while thrush patches tend to remain or leave a red area. Not every white tongue in a baby is thrush.

Vaginal thrush often causes itching, irritation and soreness around the vagina and vulva, which is the external genital area. Discharge may be thick and white, but it does not usually have a strong smell. Sex or passing urine may feel uncomfortable because the skin is inflamed.

Thrush affecting the penis may cause redness, burning or itching around the head of the penis and beneath the foreskin. There may be white discharge or difficulty pulling the foreskin back because of swelling.

Candida in skin folds can produce a bright red, sore rash with a defined edge. Small red spots may appear nearby. Common sites include the groin, armpits, beneath the breasts and between skin folds.

In babies, a Candida nappy rash is often bright red and involves the skin creases. Small spots may spread beyond the main rash. This differs from many irritant nappy rashes, which mainly affect skin in direct contact with the nappy and may spare the creases.

- Creamy white patches on the tongue, gums, roof of the mouth or inner cheeks
- Red or sore tissue beneath patches that may bleed if rubbed
- An unpleasant taste, reduced taste or burning in the mouth
- Cracks and soreness at the corners of the lips

Causes and risk factors

Candida grows well in warm, moist conditions. Thrush can occur without an obvious reason, but anything that changes the body's usual balance of microbes or weakens local defences can make it more likely.

Factors linked with thrush include:

Inhaled corticosteroids like budesonide or fluticasone are medicines used to control conditions such as asthma. Small amounts can remain in the mouth and encourage Candida growth. Using the inhaler correctly and rinsing your mouth after the prescribed dose can reduce this risk.

Babies can develop oral thrush during or after antibiotic treatment. Candida may also be present on the breastfeeding parent's nipples or breast skin. However, breast and nipple pain has several possible causes, so pain during feeding should not automatically be assumed to be thrush.

Genital thrush is not usually caused by poor hygiene. Washing repeatedly, using scented products or cleaning inside the vagina can worsen irritation by disrupting the normal environment.

- Recent antibiotic treatment
- Poorly controlled diabetes
- Pregnancy or other hormonal changes
- A weakened immune system
- Steroid treatment, including inhaled corticosteroids like budesonide or fluticasone
- Dentures, especially if worn overnight or poorly fitted
- Dry mouth
- Tight, damp or non-breathable clothing
- Skin friction and moisture in body folds

Diagnosis

A healthcare professional can often recognise thrush by examining the affected area and discussing your symptoms. They may ask about medicines, recent antibiotics, pregnancy, diabetes, immune problems or previous episodes.

A sample may be taken when the diagnosis is uncertain, treatment has not worked, or symptoms keep returning. Cells or discharge can be examined under a microscope or sent for

a culture, which checks whether Candida grows in a laboratory.

Testing can also help distinguish thrush from conditions with similar symptoms. Vaginal itching or discharge can be caused by bacterial vaginosis, sexually transmitted infections, eczema or irritation. Mouth patches may have other causes, and a persistent red or white patch should be assessed rather than repeatedly treated without review.

Repeated thrush does not automatically mean that you have diabetes or an immune condition. However, a clinician may suggest blood tests or other checks if your history or examination indicates a possible underlying cause.

Treatment and management

Thrush is treated with antifungal medicine. The form used depends on the affected area, age, severity and whether the condition is recurring.

Oral thrush may be treated with an antifungal like fluconazole or terbinafine liquid, gel, lozenge or tablet. Babies need a product suitable for their age. Dentures should be cleaned carefully and removed overnight where possible. A dentist can check whether poorly fitting dentures are contributing.

Genital thrush may be treated with antifungal cream, a medicine placed inside the vagina, or an oral antifungal. Some treatments are not suitable during pregnancy or with certain medical conditions and medicines. If you are pregnant, breastfeeding, taking other medicines or treating a young child, seek advice before choosing a product.

A partner does not usually need treatment unless they have symptoms. It may be more comfortable to avoid sex until soreness has settled. Some antifungal creams and vaginal products can weaken latex condoms or diaphragms, so check the product information.

Skin-fold thrush is usually managed with a topical antifungal and steps to keep the area dry. Loose clothing and careful drying after washing can reduce friction and moisture. A healthcare professional may recommend additional treatment if inflammation is severe or there is another skin condition.

For a nappy-area rash, frequent nappy changes, gentle cleaning and nappy-free time can help keep the skin dry. An antifungal may be recommended if Candida is thought to be the cause.

Complete treatment as directed, even if symptoms begin to improve. Avoid repeatedly using over-the-counter treatment when the diagnosis has not been confirmed, especially if symptoms return quickly. Persistent symptoms may have another cause or may need a different type of antifungal.

Complications

Most surface thrush clears without lasting harm. The most common difficulty is recurrence.

Severe oral thrush can make eating or drinking painful. In babies, this may interfere with feeding. In people with a weakened immune system, Candida may extend into the oesophagus, the tube carrying food from the mouth to the stomach. This can cause pain or difficulty when swallowing and needs medical assessment.

Scratching genital or skin thrush can break the skin. Damaged skin may become infected with bacteria, causing increasing pain, warmth, swelling or discharge.

Repeated symptoms can also affect sleep, comfort, sex and emotional wellbeing. When thrush keeps returning, confirming the diagnosis is important because eczema, dermatitis and other infections can look similar.

Invasive candidiasis is not a routine complication of ordinary thrush in healthy people. It mainly affects people who are seriously ill, have central intravenous lines, have had major surgery, or have profound immune suppression.

Prevention

Thrush cannot always be prevented because Candida normally lives on the body. You can reduce some triggers, but developing thrush does not mean that you have failed to keep yourself clean.

After using an inhaled corticosteroid like budesonide or fluticasone , rinse your mouth and spit out the water. If you use a spacer device, use and clean it as instructed. Do not stop prescribed steroid treatment without medical advice.

Clean dentures every day and remove them at night unless your dental team has advised otherwise. Regular dental care can help identify fit problems or mouth irritation.

Keep skin folds clean and dry without vigorous rubbing. Change out of wet clothing promptly and choose breathable clothing when moisture or friction is a problem.

For genital comfort, avoid perfumed washes, deodorants and vaginal douching. Washing externally with water or a gentle, unperfumed cleanser is usually enough. There is not good evidence that restrictive "anti-Candida" diets prevent ordinary thrush.

Antibiotics should be used only when clinically needed, but do not stop a prescribed course because of concern about thrush without seeking advice.

Living with it and what to expect

Symptoms often begin to improve after effective antifungal treatment, although irritated skin can take longer to settle fully. The expected recovery time differs by body site, severity and treatment.

Many people have only one episode. Others have occasional recurrences, particularly during pregnancy, after antibiotics, with diabetes or when using medicines that affect local immunity.

Repeated episodes over months or years can usually be managed, but they deserve a proper review. A swab or culture may confirm Candida and identify the type. A clinician can also look for skin conditions, medicine-related triggers or health issues that may be contributing.

If you use dentures or a steroid inhaler, preventive habits may need to become part of your regular routine. People with diabetes may find that keeping blood glucose within their agreed target lowers the risk of recurrence.

Thrush does not usually affect fertility. It can make sex uncomfortable while symptoms are active, but it does not normally cause lasting damage to the vagina or penis.

When to get medical help

Arrange routine medical advice if:

Seek prompt medical assessment if a baby is feeding much less, has fewer wet nappies or appears unusually sleepy. These can be signs that the baby is not getting enough fluid.

Get urgent help for severe pain or difficulty swallowing, rapidly worsening swelling, spreading redness, fever with significant illness, or signs of dehydration.

Call emergency services if there is trouble breathing, swelling that affects the airway, collapse, severe confusion or difficulty waking. These symptoms are not typical of uncomplicated thrush and need immediate assessment.

- This is your or your child's first suspected episode
- A baby has mouth patches or feeding discomfort
- You are pregnant or breastfeeding
- Symptoms do not improve after treatment or return soon afterwards
- Thrush keeps recurring
- You have diabetes or a weakened immune system

- There is unusual discharge, a strong smell, pelvic pain, sores or bleeding
- Mouth patches cannot be wiped away or remain after treatment

Common questions

Is thrush a sexually transmitted infection?

Usually not. Candida commonly lives on the body, and symptoms often result from overgrowth rather than sexual transmission. Sex can trigger irritation or occasionally pass Candida between partners. Testing may be needed if symptoms could be caused by a sexually transmitted infection.

Can thrush go away without treatment?

A mild episode may sometimes settle, but symptoms can persist or worsen without antifungal treatment. Because several conditions resemble thrush, first-time, persistent or unusual symptoms should be assessed.

Why does my thrush keep coming back?

Possible reasons include recent antibiotics, pregnancy, diabetes, immune suppression, ongoing moisture or an incorrect diagnosis. Some Candida types respond differently to common treatments. Recurrent symptoms may need examination, testing and a longer-term management plan.

Does a white tongue mean my baby has thrush?

Not always. Milk residue commonly coats a baby's tongue and is often easier to wipe away. Thrush usually causes patches that remain attached and may also appear on the cheeks, gums or roof of the mouth. A healthcare professional can assess uncertain patches.

Can I pass oral thrush to my baby while breastfeeding?

Candida may affect a baby's mouth and the breastfeeding parent's nipple or breast skin at the same time. If both have symptoms, both may need assessment and treatment to reduce repeated transfer. Breast pain can have other causes, including attachment problems and dermatitis.

Should I avoid sugar or yeast-containing foods?

There is no established need for a restrictive "Candida diet" to treat ordinary mouth, skin or genital thrush. A balanced diet is appropriate for most people. If you have diabetes, following your agreed blood-glucose plan may help reduce recurrence.

Sources

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