

CHRONIC PARONYCHIA (NAIL FOLD INFLAMMATION)

What are the aims of this leaflet?

This leaflet has been written to help you understand more about chronic paronychia. It tells you what it is, what causes it and what can be done about it.

What is chronic paronychia?

Chronic paronychia is the inflammation of the skin surrounding the nails (nail folds) that lasts longer than 6 weeks. It is encountered more frequently in occupations like laundry workers, dishwashers, bartenders, fishmongers, cooks, nurses, swimmers. It is seen more commonly in women and affects many fingers, more so of the dominant hand. The toes are less affected.

What causes chronic paronychia?

Chronic exposure to irritants and allergens causes a chronic inflammatory reaction of the nail folds with breaching of the nail fold barrier (cuticle). Sometimes there is secondary colonisation with *Candida Albicans* or / and bacteria causing an acute inflammation on the pre-existing chronic condition and therefore exacerbation of the symptoms. Certain drugs may also cause inflammation of the nail folds (the inflammation may be acute or chronic) . These include drugs use for the treatment of acne (Roaccutane), Methotrexate , drugs used for HIV and chemotherapy drugs. Diabetes Mellitus, suppression of the immune system and inflammatory skin conditions such as eczema are risk factors for the development of chronic paronychia.

What does chronic paronychia look like?

The nail folds (3 of them, one at the beginning of the nail and two on the sides) are swollen and red and sometimes there is pain. The cuticle is lost and the nails

appear ridged and rough, they may appear brown on the sides and there may be detachment from the nail bed. Changes on the nails (nail plate) indicate a deeper involvement and a longer process. If there is an added infection from *Candida Albicans* or bacteria, there is marked tenderness, redness and even abscess.

How is chronic paronychia diagnosed?

Typical cases are easy to diagnose clinically without any further testing. More difficult cases may require a biopsy or testing for bacteria or fungi.

How can chronic paronychia be treated?

Avoidance of allergens and irritants is the mainstay of treatment.

Your doctor will decide about treatment.

- The first line would be strong topical steroids, usually for a couple of weeks.
- A steroid-sparing topical agent could be used as an alternative.
- Topical antifungals may also be helpful.
- In the cases of concurrent bacterial infection, additional treatments are required.
- Steroid injections on the affected areas may be considered in cases which do not respond to topical therapy.
- In cases of chronic paronychia caused by medications, cessation or substitution of the causative agent may help.
- Surgery is reserved for refractory cases.

Self care (What can I do ?)

Management of environmental factors for prevention and long-term

- Keep the area dry
- Minimise the exposure to wet environment
- Wear gloves with cotton lining for washing
- Avoid trauma (including manicure)
- Artificial nails and acrylics have been implicated in chronic contact dermatitis or irritant dermatitis of the nail folds and it is best to be avoided

Where can I get more information?

Web: <http://dermnetnz.org/topics/paronychia/>

**BRITISH HAIR AND NAIL SOCIETY PATIENT
INFORMATION LEAFLET PRODUCED AUGUST 2019**

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