



PARONYCHIA NAIL INFECTION

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Paronychia is an often tender infection or inflammation around the base of the nail fold. It can start suddenly (acute paronychia) or gradually (chronic paronychia).

Acute paronychia

Acute paronychia develops over a few hours when a nail fold becomes painful, red and swollen. Yellow pus may appear under the cuticle. In some cases fever and painful glands under the arms accompany a particularly severe case of acute paronychia. It is usually due to "Staph" bacteria germs. Mild cases can be treated with soaks and antibiotic cream, but most cases are treated with oral antibiotics. Sometimes an abscess (a pocket of trapped pus) forms and has to be lanced. Acute paronychia usually clears completely in a few days, and it only rarely happens repeatedly.

Chronic paronychia

Chronic paronychia is a gradual process and much more difficult to get rid of. It may start in one nail fold but often spreads to several others. Each affected nail fold (the skin that lies next to the nail) becomes swollen and lifted above the nail. It may be red and tender from time to time, and sometimes a little thick pus (white, yellow or green) can be expressed from under the cuticle.

The nail itself becomes distorted and ridged as it grows. It may become yellow or green and brittle. After recovery, it may take up to a year for the nails to grow back to normal. Chronic paronychia is due to skin irritation that becomes infected. The infection may be from several different types of germs. Often a mixture of yeasts and bacteria are present, particularly candida species and Gram negative bacilli. The inflammation results in debris that builds up, encouraging more infection. It mainly occurs in people who have constantly wet hands, such as hairdressers, nurses, bartenders and housewives. It is more likely to occur, and more difficult to clear up, in those with poor circulation, especially during the winter months.

In order to successfully treat chronic paronychia the hands must be kept clean and dry. One should avoid wet work, or use totally waterproof gloves with a cotton liner. After dirty work, wash thoroughly with an antibacterial soap. If the hands tend to dry, follow every washing with an application of a hand cream.

Treatment of the infection is usually a topical cream or lotion. Frequently prescribed medications may include thymol, mupirocin, Loprox or Lotrisone. Apply these twice daily to the nail fold, and be prepared to use them regularly for some time. In addition an oral antifungal drug may be prescribed. It often takes months to clear paronychia, and it can recur in predisposed individuals.

This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.

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