



SKIN & BEAUTY CENTER
Cosmetic, Medical and Surgical Dermatology

DermlA.com

BURBANK
191 S. Buena Vista St. Suite 475
Burbank, CA 91505
T: (818) 842-8000
F: (818) 842-3208

SANTA CLARITA
27879 Smyth Drive
Valencia, CA 91355
T: (877) 822-2223
F: (323) 935-8804



NORTHRIDGE
9535 Reseda Blvd. Suite 304
Northridge, CA 91324
T: (818) 886-3884
F: (818) 886-5418

William Coleman, MD
David Friedman, MD
Ava Khosraviani, MD
Payam Saadat, MD
Manjunath Vadmal, MD
Kristen Ochsner, PA-C
Jenna Trubschenck, M.S. PA-C

Paronychia

Paronychia is an often tender infection of 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" 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 takes 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 Hair dressers, 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 you must keep the hands clean and dry. You should avoid wet work, or use totally waterproof gloves with a cotton liner. When possible, use "Purell Hand Sanitizer" instead of soap and water. After dirty work, wash thoroughly with antiseptic soap (Ivor 2000, others) and rinse and follow with the "Purell". If your hands tend to dry skin follow every washing with an application of a hand cream, especially barrier creams (CeraVe Therapeutic Handcream, Epicerum).

Treatment of the infection is usually a topical cream or lotion. Frequently prescribed lotions may include thymol in lidex, mupirocin, Loprox or Lotrisone. Apply these twice daily to the nail fold, and be prepared to use them regularly for some time. Other treatment strategies include liquid waterproof bandages such as flexible collodion or "New-Skin" and, for resistant cases a course of an oral anti-fungal agent (Itraconazole or fluconazole). It often takes months to clear paronychia, and it can recur in predisposed individuals.