

Onycholysis

Onycholysis is the painless separation of the nail from the nail bed. This is a common problem. It can be a sign of skin disease, an infection or the result of injury, but most cases are seen in women with long fingernails. The nail acts as a lever, prying the nail away from the skin and preventing healing of otherwise insignificant insults.

A local irritation is the most common insult. This may be from excessive filing or chemical overexposure in manicures or nail tip application, allergic contact dermatitis (a local reaction similar to the reaction to "poison Ivy") to nail hardener or adhesives used to attach the nail tips or simply to prolonged immersion in water.

Fungal infection and the skin disease psoriasis can cause onycholysis. These often cannot be told apart by examining alone, and a test for fungus needs to be done. Certain medications (Oxsores, Tetracycline, Minocycline, Naproxen) make you have abnormal sensitivity to light. You can get sunburn under your nails, which causes onycholysis. In rare cases all the nails are affected and then it can be a sign of Iron deficiency or thyroid over-activity.

No matter what the cause, usually several nails are affected. Infection with bacteria and yeast starts to occur in the space under the nail. This turns the loose portion of the nail a white, yellow, or green tinge. Generally, if the infection appears to be green, it's a bacterial infection and if it appears to be white it is a yeast infection. This has to be controlled before the nail will reattach. The nail can only take so much damage without being permanently deformed; if it has gone too far your nail changes may be permanent.

For treatment all of the unattached nail must be clipped off. The hand should be kept out of water as much as possible. Use gloves when cleaning and washing. Consider using "Purell Hand Sanitizer" instead of soap and water for routine washing. It is very important to avoid mechanical cleaning under nails. One should not bandage or cover the cut nails. A topical antiseptic containing dilute sodium hypochlorite or benzoyl peroxide is effective once the abnormal nail is removed. A drying agent such 3% Thymol in alcohol (by prescription) should be used after washing hands or getting hands wet for two or three months. Trim the nails back daily with a clipper until you can see reattachment. Additional medications by mouth may be needed in some cases.