

Tinea Unguium



Tinea Unguium/Onychomycosis

- is a fungal infection of the nail. This condition may affect toenails or fingernails, but toenail infections are particularly common.



Tinea Unguium

- Tinea unguium, a dermatophyte infection of the nail.
- 19 Risk factors for this infection include aging, diabetes, poorly fitting shoes, and the presence of tinea pedis.
- Toenails more often infected than fingernails.
- Infection often follows infection of another body site.
- Most commonly caused by anthropophilic species *Trichophyton mentagrophytes* and *T. rubrum*.
- Affects up to 8% of adult population.

- Tinea Unguium / Onychomycosis :
 - May affect toe nails or finger nails, but toe nail infection is particularly common which follows tinea pedis.
 - Caused by : Trichophyton and Epidermophyton.
 - Risk factors :
 1. Diminished blood supply.
 2. Humid, moist environment.
 3. Perspiring heavily.
 4. Bare foot in damp places.
 5. DM, immunosuppression.

Tinea Unguium (nail)

1. Disto-lateral
subungual
onychomycosis
2. Superficial white
onychomycosis
3. Total dystrophic
onychomycosis

1



2



3



- Tinea of the Nail (tinea unguium/
onychomycosis)
 - Signs and Symptoms
 - Fungal infection of the nail -- found commonly in those engaged in water sports or who have chronic athlete's foot
 - Nail becomes thick, brittle and separated from its bed
 - Management
 - Some topical antifungal agents have proved useful
 - Systemic medications are most effective
 - Surgical removal of nail may be necessary if extremely infected

Tinea unguium

- Nails
- Thickened, discolored, broken
- Nail plate may separate from nail bed
- Anthropophilic or zoophilic
 - *T. rubrum*
most common



Nail Fungus: Treatment & Prevention.

- The best treatment of course is prevention.
- Keep your nails cut straight across. If nails are hard to cut, soften by soaking in salt water (use 1 teaspoon per gallon of water and then dry well).
- Keep feet dry and well ventilated.
- Be careful with artificial nails and be selective about choosing your manicurist. Ask about how they sterilize their instruments. See a podiatrist or your health care provider if you see signs of fungus.

Tinea unguium: treatment

- Confirm the diagnosis before treatment
 - ca positive microscopy or culture
- Mild and superficial TU:
 - Superficial onychomycosis
 - Mild distal onychomycosis
 - Lateral onychomycosis
 - ca topical tx with amorolfine 5% nail lacquer
 - ca 6 /12 (fingernail)
 - ca 9–12 /12 (toenail)
- Amorolfine 5% nail lacquer 1x/wk
 - not approved in the USA
 - 6% treatment failure rates found after 1 month of treatment
 - ca data collected on a very small sample of people
 - ca these high rates of success might be unreliable.

Tinea unguium: treatment

- Ciclopiroxolamine 8% nail lacquer: QD
 - Combining data from 2 trials of ciclopiroxolamine versus placebo:
 - ca Treatment failure rates: 61% & 64% for ciclopiroxolamine
 - ca These outcomes followed long treatment times (48 weeks)
 - ciclopiroxolamine → a poor choice for nail infections
- Butenafine 2%:
 - treatment failure rate: 20%
- Used in combination with oral treatment: increase cure rates
- No good evidence from randomized controlled trials on other topical treatments for dermatophyte nail infections:
 - ca Topical tioconazole / salicylic acid/ undecenoates.

Regimes-Tinea Unguium

- TERBINAFINE
 - Terbinafine 250mg od
- ITRACONAZOLE
 - Pulse rx Itraconazole - 1wk/mth 200mg bid
 - Itraconazole 200mg od
- FLUCANAZOLE
 - Fluconazole 150mg once weekly