

Paronychia



Paronychia

- **Definition:** soft tissue infection around a fingernail
- **Epidemiology**
 - Most common hand infection in the United States
 - **Sex:** ♀ > ♂ (3:1)
- Either acute or chronic (> 6 weeks)



➤ Paronychia

- Paronychia is defined as inflammation of proximal or lateral nail folds or a combination of the two.
- Paronychia occurs after loss of the cuticle or either by trauma or aggressive cuticle trimming or cuticle pulling.
- It can be acute or chronic.
- Acute paronychia is caused by introduction of an infectious agent into the nail folds, usually through trauma, cuticle pulling or exposure to an irritant agent.
- Chronic paronychia occurs over time due to continuous exposure to an irritant behavior, constant exposure to water from hand washing, or a specific contactant such as food items or chemical irritant.



Acute Paronychia

- Most common hand infection
- usually Staph Aureus
- nail biting, manicures, poor nail hygiene, hangnails, etc., predispose.
- May extend between nail & matrix.
- Treatment with Abx alone rarely effective.
- Usually require incision & drainage.



Acute Paronychia

Risk factors

Accidental trauma

Artificial nails

Manicures

Manipulating a hangnail (i.e., shred of eponychium)

Occupational trauma (e.g., bartenders, housekeepers, dishwashers, laundry workers)

Onychocryptosis (i.e., ingrown nails)

Onychophagia (nail biting)

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Acute paronychia

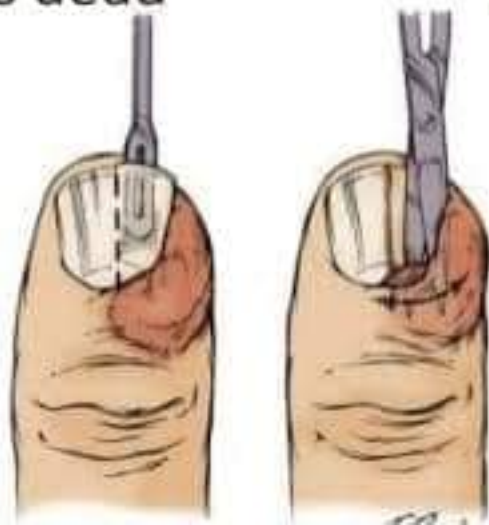
Clinical features :

- Edema, erythema and severe THROBBING pain along the lateral edge of the nail fold.
- Nail on touch is very tender
- May have extension to the proximal nail edge.
- Presence of frank abscess and fluctuation

- Subungual abscess (floating nail) if pus has extended under the nail plate.

Acute paronychia

- Treatment :
- Pus is drained by making an incision over eponychium
- Pus is sent for c/s
- Antibiotics like cloxacillin, amoxycillin
- Floating nail – indicates that nail is dead – excision of nail is done



Chronic paronychia

- Symptoms present for 6 weeks or longer
- Caused by Candida. Albicans
- Secondary bacterial infection may supervene
- Can be a complication of eczema
- In housekeepers, dishwashers, and swimmers

Chronic paronychia

- Clinical features :
- Itching in nail bed
- Recurrent pain
- Discharge

The nail folds are swollen, erythematous, and tender with pronounced transverse ridges



Chronic paronychia

- Management :
- Culture of scrapings for fungus and other causative agents .
- Long term anti fungal therapy
- Antibiotics – if bacterial infection supervenes
- In severe cases – removal of nail

Diagnosis & Treatment

- **Clinical diagnosis**

- **In Acute Paronychia :**

- If caught early and without fluctuance: elevation and warm soaks 3–4 times daily.

- Antibiotics** (e.g., amoxicillin-clavulanate) if infection is extensive.

- Surgical drainage if abscess is present.

- **Chronic Paronychia :**

- Avoid skin irritants**, moisture, and mechanical manipulation of the [nail](#)

- Topical steroids** (e.g., methylprednisolone)

- Consider antifungal: topical (e.g., [miconazole](#)); oral (e.g., fluconazole) if severe .