



CHRONIC PARONYCHIA

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about chronic paronychia. It will tell you what it is, what causes it, what can be done about it, and where you can find out more about it.

WHAT IS CHRONIC PARONYCHIA?

Paronychia is a term that means inflammation of the skin around one or more nails. The skin around the nails is called the nailfold. When a nailfold is inflamed, it can become swollen, sore, tender to touch, and discoloured.

In general, paronychia can either develop and settle within a few days or weeks, but will last no more than six weeks, as medically defined. This is called 'acute' paronychia. This leaflet discusses 'chronic' paronychia, in which the inflammation lasts longer than six weeks and may take longer to resolve. Paronychia is not caught from someone else or transmitted by touching.

WHAT CAUSES CHRONIC PARONYCHIA?

Paronychia is most often caused by an injury to a nailfold that causes inflammation. This injury may be due to damage from outside the body, such as nail biting, picking, or manicures. Irritants and allergens, such as nail polishes or treatments (gel and acrylic nails), can also damage the nailfold.

Damage can also be due to damage from within the body, such as skin disorders or a side effect of a medicine. Damage to the nailfold or the nail itself can create small spaces, allowing germs and/or bacteria to enter the nail and to cause infection. Bacteria such as *staphylococcus aureus*,

yeast such as *candida* and viruses such as *herpes simplex* may cause infection to the nail folds. With infection, pus may be developed, which can spread around the nail, increase pain, and may lift the nail.

In children, damage can be caused by thumb-sucking.

Skin disorders that can lead to chronic paronychia include *eczema*, *psoriasis*, and *pemphigus*. Repeated exposure of the nailfold to irritants or allergens (this is known as contact eczema), such as common nail cosmetics and treatments, or excessive wetting of the hands, can also cause or worsen paronychia. Medicines such as isotretinoin and acitretin, or those used in treating some cancers and HIV, can also cause or exacerbate this.

Chronic paronychia is most common in people who are exposed to chemicals or irritants as part of their work or hobbies. For example, this can include people who have their hands in water, detergents or chemicals, such as cooks, cleaners, dishwashers, laundry workers, bartenders, florists, hairdressers and nurses, mechanics and engineers. It can be more common in those who have poor blood circulation (cold hands and feet) or diabetes. Women are more frequently affected, most often due to irritants they may be exposed to.

Fingernails tend to be affected more than toenails. In toenails, a common cause, not seen in fingers, is chronic in growing toenails.

IS CHRONIC PARONYCHIA HEREDITARY?

No.



WHAT ARE THE SYMPTOMS OF CHRONIC PARONYCHIA?

- In patients with fair skin, the skin may be red and shiny around the nail. In patients with darker skin, the nail folds may be discoloured compared to the normal surrounding skin
- tenderness of the skin around the nail
- swelling at the base or sides of one or more nails
- pus-filled blisters, which may be white, yellow or even greenish
- changes in nail shape, colour, or texture (ridges). This can be apparent for many months after the paronychia has cleared as the nail slowly grows out
- detachment of the nail.

HOW IS CHRONIC PARONYCHIA DIAGNOSED?

Chronic paronychia has a characteristic appearance so your doctor will be able to make the diagnosis without laboratory tests. It should not be confused with ringworm (tinea) infection, which causes whitish thickening of the nail and nailbed, nail thickening and discolouration. Other conditions such as [psoriasis](#) and [lichen planus](#) can also affect the nails and cause ridging and discolouration.

Your doctor may check your urine for sugar or request bloods tests to check for diabetes, and may take a swab sample, if an infection is suspected. You may have a nail clipping taken to assess for fungal infection of the nail, if suspected.

In situations where an irritant or allergen may be suspected, your doctor may refer you to a dermatologist for consideration of [patch testing](#).

CAN CHRONIC PARONYCHIA BE CURED?

This depends on the cause. For paronychia caused by irritants or allergens, avoidance and other adjustments should help lead to resolution of the skin condition, but this progress can be slow. If there are skin diseases that may be contributing to paronychia, treatment of the skin disease should help.

HOW CAN CHRONIC PARONYCHIA BE TREATED?

- Manicures and nail treatments, exposing the hands to irritating substances, or wetting and washing them frequently, should be strictly avoided. Please consult the BAD information leaflet 'How to care for your hands' for detailed guidance.
- Usually, a potent [corticosteroid cream](#) is prescribed by your healthcare professional to control inflammation. This may need to be used for several weeks, usually 2-4.
- An antibacterial and/or antifungal cream may be prescribed, especially if an infection is suspected. Sometimes, these are prescribed in combination with a steroid cream.
- Occasionally, antibiotic or antifungal tablets by mouth may be employed.
- [Tacrolimus ointment](#) is an alternative anti-inflammatory that may be prescribed. This works similar to steroid creams.
- Surgery is not usually needed and is reserved for chronic paronychia that is poorly responding to treatments. If pus is present, sometimes an incision and drainage procedure may allow any built-up pus to drain and relieve pressure and pain.
- Underlying skin conditions or health conditions such as diabetes and poor circulation must also be treated to help improve paronychia.



- Medicines causing paronychia may need to be altered or discontinued, depending on what they are needed for.

SELF-CARE (WHAT CAN I DO?)

- You should keep your hands as warm and dry as possible; you will not get better until you do this.
- Wear gloves for any tasks that involve water, irritants, and chemicals, such as food preparation, washing up, cleaning, using hair dyes, for example. Gloves are not needed for bathing and showering, or swimming, but activities may need to be adjusted and your doctor will advise for your individual circumstance.
- Avoid biting your nails, trimming or pushing back the nail cuticles.
- Do not use nail varnish until the condition has been treated.
- Do keep your nails trimmed and short, using nail clippers.
- Occasionally a change of occupation may need to be considered, if an allergen or irritant cannot be avoided.
- It is advised to avoid irritants or allergens that may be found in nail polish and glues used to secure artificial nails.
- For further information please see the British Association of Dermatologists' patient information leaflet on [How to care for your hands](#).

WHERE CAN I GET MORE INFORMATION?

Web links to detailed leaflets:

<http://www.dermnetnz.org/fungal/paronychia.html>

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

PATIENT INFORMATION LEAFLET

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