NAIL DISORDERS

A RANDOMIZED CONTROLLED TRIAL COMPARING THE EFFECTS OF CLOBETASOL PROPIONATE 0.05% OINTMENT COMBINED WITH EITHER SALICYLIC ACID 3% OR UREA 10% IN THE TREATMENT OF PSORIASIS OF THE FINGERNAILS

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Background: Nail involvement in psoriasis ranges from 10%-70% and commonly occurs with skin and joint disease. Its management remains a therapeutic challenge for dermatologists and patients. The characteristic of the nail apparatus, limiting absorption of topical medications may be a restricting factor. On the other hand, systemic treatments like methotrexate, are limited by the side effects.

Objective: To determine if there is improvement and a difference in the effects of urea 10% and salicylic acid (SSA) 3% when combined with clobetasol propionate 0.05% ointment for the treatment of psoriasis of fingernails.

Materials and Methods: This is an investigator-blinded, randomized controlled trial. At baseline, photos of the fingernails were taken and nails were assessed using the Nail Area Psoriasis Severity Index (NAPSI). The subjects were randomized into 2 treatment groups. Group A were given SSA 3% ointment and clobetasol propionate 0.05% ointment; while group B were given urea 10% ointment and clobetasol propionate 0.05% ointment. The medications were applied once nightly for 12 weeks. At the end of the study, photos of the fingernails were taken and post-treatment NAPSI was evaluated.

Results: A total of 46 patients were enrolled; however, 9 patients were lost to follow-up leading to a drop-out rate of 19.6%. There were 19 patients in group A and 18 patients in group B. Only 3 patients from group A showed a decrease in NAPSI, while none of those from group B had improvement of NAPSI. Using the Fisher's test, the difference in the NAPSI post-treatment in both groups was not statistically significant, with a p value of 0.229.

Conclusion: There is not enough evidence to support the use of SSA 3% or urea 10% with potent steroid for 3 months in the treatment of psoriatic fingernails. Future recommendations

include increasing the percentage of keratolytics and longer treatment duration.