



NAIL DISORDERS

EXTENDED PULSE DOSING OF ORAL ITRACONAZOLE FOR FINGER-NAILS AND TOE- NAILS ONYCHOMYCOSIS

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Background: Superficial fungal infections are caused by dermatophytes, which belong to one of three genera (Trichophyton, Epidermophyton, and Microsporum); with *T. rubrum* being the most prominent cause of nail infection. Toenail onychomycosis is the most difficult superficial fungal infection to treat with the present options available. This low efficacy can mainly be attributed to the inability of the drug to penetrate through the nail plate to the nail bed where the infection resides. Thickened nails, extensive involvement of the entire nail, lateral disease, and yellow spikes contribute to a poor response to topical and systemic therapies.

Objective: To evaluate the effectiveness of Pulse dosing of Itraconazole for onychomycosis of fingers and toes. Material and

Methods: 16 patients with onychomycosis were prescribed Itraconazole 200 mg twice daily for one week per month for 2 months (finger nails) and 3 months (Toe nails).

Results: There were 6 patients with finger nail onychomycosis while 10 had in toe-nails. 6 cases (3 with finger nail and 3 with toe nail infection) with onychomycosis showed complete cure while rest of the cases did not show complete resolution. Rest of them were continued on the same treatment for next 3 more months. 7 more cases responded to the pulse dosing leaving 3 cases unresponsive.

Conclusions: Despite the number of available treatments, not all patients with onychomycosis are cured and it has become a dreadful nightmare for Dermatologists. Itraconazole pulse dosing for 6 months is effective for most of the cases.

