



NAIL DISORDERS

ROLE OF TOPICAL CORTICOSTEROIDS AND ORAL ANTIFUNGALS IN TREATMENT OF CHRONIC PARONYCHIA: A RANDOMIZED DOUBLE BLIND CLINICAL TRIAL.

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Introduction: Chronic paronychia is currently regarded as dermatitis of the nail fold. Despite higher isolation rates of *Candida*, the etiological role of the fungus is not established.

Objectives: The aim of this hospital based randomized controlled, double blind study was to compare the efficacy of systemic antifungals with topical corticosteroids in the treatment of chronic paronychia.

Materials and Methods: Eighty patients of chronic paronychia were randomized in a double blind manner into 2 groups. Group I was given betamethasone valerate 0.1% ointment to apply twice daily over the proximal nail fold and group II was prescribed additional capsule fluconazole 150 mg once a week for 9 weeks. Response to treatment at 3 and 9 weeks was assessed by clinical and photographic evaluation by 2 blinded observers. Mycologic evaluation, patch test with standard series and prick test with *Candida* allergen were done at baseline.

Results: At the end of 9 weeks, according to observer 1, 58 out of 87 nails in group I (66.70%) and 52 out of 65 nails in group II (80%); and according to observer 2, 61 out of 87 nails in group I (70.11%) and 52 out of 65 nails in group II (80%) were improved or cured. Statistical analysis did not show any significant difference between the responders of group I and group II (p value, observer 1 - 0.09, observer 2 - 0.19). Fungal culture was positive in 56.1% (41 out of 80 patients) and prick test with *Candida* antigen was positive in 47.6% (31 of 65 patients). The presence of *Candida* did not influence the response to treatment.

Conclusion: Our study shows that chronic paronychia is a form of hand dermatitis with *Candida* being a secondary coloniser, and topical steroids alone are effective in its





management. Oral antifungals did not have any additional benefit.

