



PSORIASIS

TOPICAL 5-FLUOROURACIL IN THE MANAGEMENT OF NAIL PSORIASIS

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Background: Psoriasis is a common inflammatory skin disorder. Up to 80% of patients display nail disease, which may be the only manifestation of the condition and can prove challenging to manage. Treatment ranges from topical therapies such as corticosteroids and Vitamin D analogues; to systemic medication, according to severity and extent of disease including concurrent skin and joint involvement. The psycho-social implications must also be appreciated; nail psoriasis can lead to considerable disfigurement and impairment of quality of life.

Observation: We present a 53 year old female referred to dermatology under the two week wait pathway with a 3 month history of rapid growth and thickening of her right thumb and little finger. On examination there was subungual hyperkeratosis involving all fingernails, that was more pronounced in her right thumb, right little finger and left index finger with secondary onycholysis. There was no history of any rashes; no personal or family history of eczema or psoriasis. Nail clippings were negative for fungal infection. There was no improvement with topical anti-microbials, calcipotriol, corticosteroids and tazarotene 0.1%. A history of shellac nail use prompted patch testing, which identified positive reactions to Nickel and Cobalt; unlikely relevant to her current presentation. The possibility of squamous cell carcinoma was also raised, however skin biopsies from each nail supported a diagnosis of Psoriasis. The patient was not keen for systemic therapy and agreed upon off-label use of 5-Fluorouracil with follow up awaited to monitor her progress.

Key message: 5-Fluorouracil is a cytotoxic agent that works by interfering with DNA replication, thus rapidly proliferating cells are most sensitive to the effects. Studies have shown 1% 5-Fluorouracil twice daily for 6 months to be successful in treating nail pitting and hyperkeratosis associated with psoriasis. However use maybe limited by side effects including discolouration, infection, inflammation and onycholysis.

