



NAIL DISORDERS

PARASITIC INFESTATIONS OF THE NAIL NOT TO BE MISSED

Archana Singal ⁽¹⁾

University College of Medical Sciences, Dermatology & STD, Delhi, India ⁽¹⁾

Infections in general are more prevalent in tropical countries due to suitable climatic conditions. But in a globalised world, with increasing travel, population movements and migration, infectious disease epidemiology is changing rapidly. There is potential of importing, exporting, or spreading communicable diseases across regions, borders, and continents. Infection of the nail unit, though uncommon, is no exception. There are anecdotal reports of Parasitic infestations of the nail from non-endemic areas published from time to time. Therefore, it is imperative to be reminded of parasitic infestations of the nail viz. Crusted scabies, Tungiasis, Subungual myiasis and Pediculosis lest they are forgotten.

Nails are not involved in classic scabies patients but a patient of crusted scabies harbours a reservoir of mites in the subungual debris. These patients are often immune-compromised and present with either non-itchy or minimally itchy generalised crusted lesions often mistaken for common dermatological diseases. It is important to recognise nail lesions early as delay in diagnosis may lead to local epidemic. In addition, untreated nail lesions are a source of reinfestation. Diagnosis is by demonstration of mite from subungual debris and treatment has to address nail lesion in addition to topical application of scabicide drug.

Tungiasis is caused by female sandfly *Tunga penetrans* that is usually found in the soil. The infestation is common in tropics and subtropical areas including South America, Africa, India and Pakistan. The lesions are associated with intense pruritus and frank inflammation painful enough to hinder walking. Long term sequelae include deformity of digits, secondary infection, paronychia and nail dystrophy. Diagnosis is usually evident, based on the clinical picture and natural history of the disease. Surgical removal of the fleas and their eggs is the preferred standard of care. Pediculosis of the foot, limited to the hallux, has been reported in a patient with onychomycosis of all toenails, which were thickened. Debridement of a toenail exposed multiple cavities, housing body lice. Subungual myiasis although rare, has been reported a few times, usually in individuals with psychiatric disorders affecting the ability to maintain personal hygiene.

