ONCHOMYCOSIS –
DERMATOPHYTE INFECTION OF THE FINGERNAILS AND TOENAILS V2.0

Comments from the Expert Advisory Group

- Nail samples should be taken and treatment started if infection confirmed.
  - Most viable fungi are usually found in the most proximal part of diseased nail
  - Include full thickness clippings of the diseased nail and subungual debris
  - Sample as far back from nail tip as possible, as this is where fungi are usually found; also sample debris from under the diseased part of the nail
  - In superficial infections, scrape surface of diseased nail plate with scalpel blade

- Concomitant tinea pedis is common and is a risk factor for treatment failure. Tinea pedis should be treated appropriately.

- For children seek specialist opinion.

Image 1: Onychomycosis	Images source: DermNet
Image 2: Onychomycosis	Images source: DermNet

Treatment

Topical treatments are limited to those specifically licensed for treatment of nail disease, other topical antifungals (e.g. creams) are not suitable as they do not penetrate the nail.

Oral antifungal therapy is considered the gold standard for treatment of onychomycosis, however in cases where there are contraindications for systemic treatment, potential for drug-drug interactions or patient preference, then topical treatment may be considered.

Topical treatment should only be used when less than 50% of the nail is affected and the infection has not spread to the nail matrix and/or lunula.

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Topical treatment			
Drug	**Dose**	**Duration**	**Notes**
5% amorolfine nail lacquer	Apply once weekly	Fingernails: 6 months Toenails: 9–12 months (review at 3 monthly intervals)	File down nail surface as much as possible. Clean and degrease surface of nail with an alcohol cleaning pad. Apply nail lacquer to entire surface of affected nail(s) using supplied spatula. Allow to dry for 3-5 minutes. Filing and cleansing of the nail should occur before each application. Do not apply nail varnish over the lacquer.
Oral treatment : 1st choice			
Terbinafine	250mg every 24 hours	6 weeks to 3 months depending on severity of infection and nail growth	Not recommended in patients with active or chronic liver disease. Pre-treatment LFTs should be performed. If prolonged treatment is required, repeat LFTs after 4-6 weeks is recommended. Some toenail infections may take more than 6 months to clear.
Oral treatment : 2nd choice			
Itraconazole* – continuous therapy	200mg every 24 hours	Fingernail – 6 weeks Toenail – 12 weeks	Take capsules immediately after a meal for maximum absorption. Not recommended in patients with active or chronic liver disease. If treatment is for longer than one month then pre-treatment LFTs should be performed and then monitored. Avoid itraconazole (and all oral azoles) in pregnancy*
OR Itraconazole *– pulse therapy	Fingernail: 200 mg every 12 hours for one week per month Toenail: 200 mg every 12 hours for one week per month	Fingernail: two months Toenail: three months	
* Women of childbearing potential taking itraconazole should use contraceptive precautions. Effective contraception should be continued until the menstrual period following the end of itraconazole therapy.			

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Patient Information

- HSE A-Z Fungal nail infection