

Cochrane Corner

An old remedy becomes a new treatment for chronic paronychia: using the Cochrane controlled trials register

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This trial was found by using chronic paronychia in the Cochrane controlled trials register.

Chronic paronychia is not a common finding in general practice. There appears to be a number of causes of acute paronychia such as staph and herpes simplex (herpes whitlow). These seem fairly obvious and culture and treatment are usually straightforward. Chronic paronychia is probably due to a different etiology where long-standing exposure to wet conditions sets up a chronic eczema which gets colonised by yeast. The involvement of *Candida* in the pathogenesis of chronic

paronychia has never been proven, even though this condition is commonly considered a type of *Candida* onychomycosis.¹ The randomized trial reported here compared itraconazole (Sporanox) 200mg daily with terbinafine (Lamisil) 250mg daily and topical prednisolone (Advantan) at night. Each participant got an oral placebo or topical placebo depending on which active treatment they received. The active treatment period lasted for three weeks and all patients were followed up six weeks after that using clinical and photographic evaluation. The improvement or cure rate was 85% (41/

48) in the prednisolone group 53% (30/57) in the terbinafine group and 45% (29/64) in the itraconazole group. The traditional use of either mycostatin or an iconazole cream to treat the yeast may have appeared beneficial as the cream base was moisturising the skin thereby alleviating the eczema. Growth or eradication of the yeast did not seem to relate to cure in the trial.

Clinical bottom line

For patients with chronic paronychia (no pain but an inflamed nail cuticle) topical cortisone may be the treatment of choice.

Table 1. Chronic paronychia

	Success	Evidence	Harms	Comment
Prednisolone nocte for three weeks compared with terbinafine and itraconazole	At six weeks complete response in 85% of prednisolone group and 53% in oral terbinafine and 45% in oral itraconazole group NNT = 2.5 for prednisolone Vs itraconazole	Cochrane Controlled Trials register	Unlikely to be any over three weeks with prednisolone. Itraconazole and terbinafine have a number of harms and interactions with medication.	Suggests cortisone is more effective than anti-yeast treatment.

NNT = numbers needed to treat for one improvement.

References

1. Tosti A, Piraccini BM, Ghetti E, Colombo MD. Topical steroids versus systemic antifungals in the treatment of chronic paronychia: an open, randomized double-blind and double dummy study. *Journal of the American Academy of Dermatology*. 47(1):73-6, 2002 Jul.

Members of the Royal New Zealand College of General Practitioners can have access to the full reviews by contacting Cherylyn Pearson at the College in Wellington. For the access codes to the Cochrane library contact cpearson@rnzcgp.org.nz at the College.