Dear colleague,

I thank the Medis laboratories initiative to associate the medical promotion to the medical education. We are very pleased to contribute to this initiative by this presenting this clinical case which makes suffering many patients and affects significantly their quality of life because of the functional and social difficulties generated.

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Clinical Data

It is the case of a patient woman, 42 years old, family mother, working since 4 years as a cleaning lady in a company. She consults for a fingers ungual dystrophy, with important functional and social difficulties. This disorder is developing since 3 years. The examination shows an affection of the 10 fingernails. The nails presented a painful and inflammatory peri-ungual oedema giving to the fingers extremities a puffy aspect explaining the functional difficulties. The patient declares that the peri-ungual inflammation worsens when she uses detergents. On the other hand, it is improved during the vacancy periods. In other respects, the fingernails were dystrophic, yellowish and very unaesthetic. The ungual tablette loosed its transparency and was replaced by a crumbly and rough keratin.

What diagnosis do you evoke?  What treatment would you prescribe?

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The diagnosis is an onyxis of the fingernails probably of candidiosc origin.

What are the clinical signs permitting to evoke the candidiosc origin?

The most suggestive clinical sign evoking a candidiosc etiology is the presence of a chronic peri-ungual inflammation also called perionyxis (or paronychia). It is quasi-constant in the hands’ candidiosc onyxis. These onyxis affect essentially women. It is the case of our patient who is working as a cleaning lady, the perionyxis being maintained by humidity.

What are the examinations which will permit to confirm the diagnosis?

The diagnosis of candidiosc onyxis is clinical thanks to evoking symptomatology. The complementary examinations are not necessary to make the diagnosis. When performed, the direct mycological examination is rapid and permits to highlight the candidiosc spores classically disposed in small chains. The culture in Sabouraud medium is interpreted after 48 hours permitting to highlight the classic creamy colonies.

What are the treatment(s) you would prescribe to this patient?

The onyxis treatment is essentially systemic.

- Fluconazole 150mg per os (Flukas® 150) : 1 capsule per week, until the total relief (healthy growing again of all nails) with, when possible, a negative mycological control.
- Adjunctive therapy:
  - Local antiseptics
  - Local low potency corticoids such as betamethasone cream, to be applied in peri-ungual massage once a day during a maximal period of 15 days.

The medical treatment should be associated to the prevention by avoiding strictly the contact with water, the wearing of a double pair of gloves (cotton and latex or rubber) for all tasks in humid or caustic field, involving foods handling (meats, fishes, fruits, vegetables…) until total relief with reappearing of cuticles.

Clinical case proposed by
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Fluconazole

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