

SKIN AND SOFT TISSUE INFECTIONS

Dermatophyte Infection of the Proximal Fingernail or Toenail

- **If clinically infected: Start empirical treatment. Nail specimens are only indicated and will only be accepted if:**
 - Empirical treatment failure
 - Infection in a child
 - Infections arising after foreign travel
 - Unusual animal or environmental exposure
 - Immunosuppressed (including HIV, diabetes and taking immunosuppressant medications)
- Nail infections are best treated systemically.
- **Monitoring LFTs is recommended at baseline and 1 month into treatment for both terbinafine and itraconazole. Discontinue if abnormalities in liver function tests.**
- Idiosyncratic liver reactions occur rarely with terbinafine. Oral terbinafine is more effective than oral azole.
- Liver reactions 0.1 to 1% with oral antifungals.
- The risk of clinically relevant hepatotoxicity from terbinafine is 1 in 50,000-120,000 cases. Itraconazole causes mild transient transaminitis in 1-5% of patients, with a small number of case reports of delayed severe reactions.
- **If candida or non-dermatophyte infection is confirmed, use oral itraconazole as per [PHE/NICE guidance](#).** Topical nail lacquer is not as effective.
- There is no evidence of increased adverse effects from terbinafine in children (unlicensed) and it should be considered for onychomycosis, which is much less likely to respond to griseofulvin.
- Consider checking for athlete's foot and treat as appropriate.
- [Fungal Infection of the Nail patient leaflet](#).

Treatment

Drug	Dose	Duration
First line: Terbinafine (Not effective in non-dermatophyte infection)	For Child 1–17 years: Body weight 10–19 kg: 62.5 mg daily Body weight 20–39 kg: 125 mg daily Body weight 40 kg and above: 250 mg daily Adult: 250mg once daily	Fingers: 6 weeks Toes: 12 weeks
Second line: Itraconazole	Adult: 200mg twice daily for 7 days a month (pulsed therapy)	Subsequent courses repeated after 21-day intervals: Fingernails 2 courses, Toenails 3 courses
Stop treatment when continual, new, healthy, proximal nail growth.		

Version Control- Dermatophyte infection of the proximal fingernail or toenail			
Version	Author(s)	Date	Changes
V2.1	Nichola Butcher, Medicine Optimisation Pharmacist	19.07.21	1. Updated the adults and children's doses, in line with BNF/c, Sept 20-21 2. Highlight itraconazole is first line for non-dermatophyte infection 3. Updated with link to latest PHE/NICE guidance
V3.1	Sharymar Walker Interface and Formulary Pharmacist	03.02.22 11.05.22 27.05.22	1. changes to the criteria for sending nail specimens to the laboratory 2. LFT monitoring recommendations at baseline and 1 month into treatment and info on the risk of hepatotoxicity. 3. Clarified LFT monitoring 4. Note regarding athlete's foot and added BAD leaflet link.
V3.2	Sharymar Walker	27.07.22	1. added a line separating terbinafine and itraconazole. 2. Latin abbreviations written in words.