CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Paronychia (Infection Beside the Nail)

Trang này được dị ch bằng máy và chưa được bác sĩ kiểm tra.**Bản tiếng Anh** là bản chính thức.

What you're feeling

You may notice redness, swelling, and pain around the edge of your nail. In chronic cases, this inflammation often lasts for more than 6 weeks. The swelling and redness are usually less intense than in sudden, acute infections, but the discomfort can be persistent. You might find that the skin fold at the base of your nail becomes raised and separates slightly from the nail plate underneath.

Your symptoms may flare up episodically, particularly after your hands are exposed to moist environments. This prolonged exposure to water allows organisms like yeast and bacteria to thrive. You might feel a dull ache or tenderness when you touch the area. Daily tasks can become difficult because even light pressure on the nail fold hurts. Simple actions like typing on a keyboard, opening jars, or handling wet dishes may cause sharp twinges of pain. You might also notice changes to the nail itself, such as ridging, grooving, or a change in colour and shape.

If you are a parent, you may observe these signs in a child who frequently sucks their thumb. Thumb-sucking creates a pocket where moisture collects, leading to irritation and infection. In rare cases, persistent inflammation can affect the tissue deeper near the joint. If your nail abnormality does not improve with standard care, your surgeon will consider other causes to ensure you receive the right treatment. For now, focus on keeping the area dry and avoiding further irritation to help manage your symptoms.

What's actually happening

Paronychia is an infection that takes hold in the skin folds surrounding your fingernail or toenail. You can think of the nail fold as a protective seal, much like the rubber gasket around a window. This seal keeps water, dirt, and germs out of the delicate space where your nail grows. When that seal is broken, bacteria or fungi can slip inside and start an infection.

Most of these infections begin with a tiny, often unnoticed injury. A hangnail, a cut from trimming your nails too short, or even habitual nail biting can create a small opening in that protective seal. Once the skin is compromised, common germs like Staphylococcus or Candida yeast can move in. In chronic cases, the fungus

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may simply be living on the surface without being the main cause of the problem. The real issue is often that the seal itself has not healed properly, allowing moisture and irritants to keep the area inflamed.

If left untreated, the infection can cause significant swelling and pain. The pressure from pus buildup can be intense. In severe cases, we may need to create a small drainage point to release the pressure. This provides immediate relief. Simple measures are usually tried first because many cases resolve without needing to remove the nail entirely. Keeping the area dry and protected helps the seal heal. For stubborn chronic cases, it can take around 20.4 ± 18.32 days of specific treatments like low-level laser therapy to see full resolution. The goal is always to restore that protective barrier so your nail can grow back healthy and strong.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. We begin by managing symptoms at home. You can apply warm soaks to reduce swelling and pain. If the issue is fungal, topical treatments may help. For chronic cases lasting more than six weeks, we might use a nail polish sealer or cyanoacrylate glue to seal the gap between your skin and nail. This allows the area to heal within six to eight weeks. Low-level laser therapy is another option, typically requiring about 20 days of treatment. We also advise keeping your hands dry to prevent flare-ups, as moisture often triggers symptoms.

If home care is not enough, we move to medical management. We may prescribe antifungal medications like fluconazole to treat underlying yeast infections. In some cases, we lift the cuticle and insert a sterile rubber ribbon. This simple step often cures the infection without removing the nail. If there is pus, we may drain it using a heated wire or a small incision. For pain, we recommend standard over-the-counter pain relief. We do not typically use cortisone or hyaluronic acid injections for this condition, as they are not supported by the current evidence for paronychia.

Surgery is considered only when conservative care has not provided enough improvement or if the infection is severe. We may remove part or all of the nail if there are irregularities or if the infection involves both sides of the nail fold. Techniques like the Swiss roll or square flap method can help repair the area and prevent recurrence. We discuss these options with you to ensure you understand the benefits and risks. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. A clinic assessment, including examination and imaging if needed, establishes the diagnosis. We aim to resolve the infection and restore function while minimising disruption to your daily life.

What to expect

Paronychia is an infection or inflammation of the skin beside your nail. It often comes and goes, especially if your hands are frequently wet or exposed to irritants. You might notice redness, swelling, or pain around the nail edge. In many cases, this condition does not resolve on its own and can become a long-term issue.

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If you have chronic paronychia, the skin fold above your nail may separate from the nail plate. This gap can trap moisture and bacteria, making it hard for the area to heal. You may find that simple care helps, but the problem often persists without specific treatment. Some people find that their symptoms improve when they avoid harsh soaps or keep their hands dry, but this is not always enough to clear the infection completely.

With treatment, you can expect gradual improvement. If your surgeon uses a chemical sealant to close the gap between the skin and nail, you should see healing within 6–8 weeks. This helps restore the protective barrier and provides relief from chronic symptoms. For some patients, low-level laser therapy is used, which typically takes an average of 20.4 ± 18.32 days to reach the treatment endpoint.

It is important to know that fungal infections, such as Candida, are often found in these cases. However, getting rid of the fungus does not always mean your symptoms will disappear. This is because the fungus may just be living on the skin rather than causing the main problem. In severe cases where pus builds up, a simple procedure to drain it can provide instant relief. You may be able to return to full duty by the fifth morning after such a drainage.

Most patients recover well with simple procedures first. Nail removal is rarely needed. Your surgeon will likely start with the least invasive options. If left untreated, the inflammation can continue, and the nail may grow abnormally. By following your care plan, you give your nail fold the best chance to heal properly and stay healthy.

When to see someone

See your GP if you have pain, swelling, or redness around your nail that lasts for more than 6 weeks. This is called chronic paronychia. It often happens after exposure to water or irritants. You might notice the skin lifting from the nail or changes to the nail shape. Ask for a specialist review if the area does not improve with basic care. Go to an emergency department if you notice a new lump under or beside the nail that does not respond to treatment. This could be a sign of something serious that needs urgent checks. Do not ignore persistent inflammation, as it can sometimes damage the joint underneath.

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