INTRODUCTION

Onychomycosis, which is any infection of the nail or nail matrix caused by dermatophytes, non-dermatophyte molds, and/or Candida albicans, is usually seen as a sign of normal aging or as the manifestation of underlying diseases such as lichen planus and psoriasis. Nail dystrophy may manifest as a wide spectrum of nail morphology, describes a variety of nail changes, and may be caused by exogenous trauma, but also may be caused by endogenous insults. Mechanical debridement to debulk the nail unit is mandatory. Treatment of onychomycosis can be challenging because it is a long-term treatment with repeated doses and singular daily doses, oral fluconazole treatment can be used to treat the causative organism with either poly-Urethane, 16% was retreated. The investigational product of polyurethane-ureaurethane, 16% may be effective in treating onychomycosis. The efficiency and safety of poly-ureaurethane 16% was reported in a study by the American Podiatric Medical Association. There are several types of onychomycosis that one may differentiate by the initial site of involvement. The most common type is dermatophyte-caused infection. The most common form of onychomycosis on the nail is Trichophyton rubrum. This was a prospective, self-controlled, and single arm study of adult patients with KOH and culture confirmed onychomycosis of at least one great toenail. This is a healthy adult healthy adult sample size and lack of comparator. The rate of anticipated AEs is similar when compared to the AEs noted during the topical ciclopirox trials. From a mycological perspective, all new treatments for fungal infections and 19/25 had no recurrence. Fifty three (53) subjects completed the study. Overall, treatment of nail dystrophy should be efficacious in managing the signs and symptoms of nail dystrophy as well as being safe to use. Clinical evaluation of a topical poly urea-urethane 16% polymer on dystrophic nails: a review

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MATERIALS & METHODS

Onychomycosis, which is any infection of the nail or nail matrix caused by dermatophytes, non-dermatophyte molds, and/or Candida albicans, is usually seen as a sign of normal aging or as the manifestation of underlying diseases such as lichen planus and psoriasis. Nail dystrophy may manifest as a wide spectrum of nail morphology, describes a variety of nail changes, and may be caused by exogenous trauma, but also may be caused by endogenous insults. Mechanical debridement to debulk the nail unit is mandatory. Treatment of onychomycosis can be challenging because it is a long-term treatment with repeated doses and singular daily doses, oral fluconazole treatment can be used to treat the causative organism with either poly-Urethane, 16% may be effective in treating onychomycosis.

The efficiency and safety of poly-ureaurethane 16% was reported in a study by the American Podiatric Medical Association. There are several types of onychomycosis that one may differentiate by the initial site of involvement. The most common type is dermatophyte-caused infection. The most common form of onychomycosis on the nail is Trichophyton rubrum. This was a prospective, self-controlled, and single arm study of adult patients with KOH and culture confirmed onychomycosis of at least one great toenail. This is a healthy adult

RESULTS

Fifty three (53) subjects completed the study. Overall, treatment of nail dystrophy should be efficacious in managing the signs and symptoms of nail dystrophy as well as being safe to use.

CONCLUSION

Overall, treatment of onychomycosis should first involve elucidating the cause: infection, an inflammatory skin disorder, or benign hereditary conditions. When dealing with a dystrophic nail caused by dermatophyte infection, a fungal culture/mycological staining should be obtained prior to treatment to concur with the clinical diagnosis. Ultimately, treatment should be tailored to the nail disorder present. Beyond the standard treatments for fungal nails, the newest treatment for fungal nails induced onychomycosis involves application of a non-onychomycosis topical which is meant to provide support and protect the nail from further damage. This product has been shown to be efficacious in managing the signs and symptoms of nail dystrophy as well as being safe to use.

Limitations of the study include small sample size and lack of comparison. The investigational product of poly-ureaurethane was proven to be an active pharmaceutical agent and not topical ciclopirox or topical terbinafine. The fungal culture results alone are noteworthy for the follow up visit to have the same treatment plan at visit labeled 1 (1-month), 3 months, and 6 months. Trichophyton rubrum was the most commonly cultured organism at baseline. In addition to fungal scrapings performed at each visit, any additional dermatophytes were cultured. From a mycological perspective, all new treatments for fungal infections and 19/25 had no recurrence. Fifty three (53) subjects completed the study. Overall, treatment of nail dystrophy should be efficacious in managing the signs and symptoms of nail dystrophy as well as being safe to use.