CONDITION

Paronychia

Paronychia is painful inflammation or infection of the skin beside a fingernail or toenail.

WHAT IT IS
Inflammation or infection around a fingernail or toenail

BODY SYSTEM
Skin, nails, and soft tissue

MAIN SYMPTOMS
Pain, redness, swelling, pus

WHAT CAUSES IT
Infection or repeated skin irritation

HOW IT IS DIAGNOSED
Nail examination; pus culture when needed

MAIN TREATMENT
Drainage, skin protection, and targeted medicines

CAN IT BE CURED?
Yes - most cases clear completely

IS IT AN EMERGENCY?
Sometimes - rapidly spreading redness with fever

LONG-TERM OUTLOOK
Usually full recovery; chronic cases can recur

Overview

Paronychia is inflammation of the skin around a fingernail or toenail. It usually affects the nail fold, which is the strip of skin along the sides and base of the nail.

There are two main forms. Acute paronychia appears quickly, often over a few days. It is usually caused by bacteria entering through a small break in the skin. Pus may collect beside or under the nail.

Chronic paronychia lasts at least six weeks or keeps returning. It is often caused by repeated exposure to water, chemicals, or other irritants. This damages the protective seal between the skin and nail. Yeasts or bacteria may then live in the damaged area, but chronic paronychia is often driven mainly by inflammation rather than a single infection.

Paronychia is usually treatable. Prompt care matters because a trapped pocket of pus may

need to be drained, while ongoing irritation can cause lasting changes in the nail.

Symptoms

Acute paronychia commonly affects one nail. Symptoms may include:

The skin may become tense as pus collects. In some cases, inflammation spreads around the base of the nail or beneath it.

Chronic paronychia often affects several fingernails, especially on the hand used most often for wet work. The nail folds may be swollen, red, tender, or less clearly defined. The cuticle-the thin strip of skin sealing the nail base-may lift away or disappear.

Over time, the nail can develop ridges, grooves, discoloration, or an uneven surface. Chronic paronychia may be uncomfortable, but it is not always as painful as an acute abscess.

A cluster of small, clear blisters can suggest herpetic whitlow , an infection caused by the herpes virus, rather than ordinary bacterial paronychia. This distinction matters because herpetic whitlow should not be cut open and drained.

- Pain or tenderness beside the nail
- Redness, warmth, and swelling
- A yellow or white pocket of pus
- Throbbing pain or discomfort when the area is touched

Causes and risk factors

Acute paronychia usually begins when bacteria enter damaged skin. Staphylococcus aureus is a common cause, although other bacteria can be involved.

Small injuries may come from:

Chronic paronychia develops when the nail fold repeatedly becomes wet or irritated. Frequent hand washing and regular contact with detergents, cleaning products, food juices, solvents, or other chemicals can weaken the skin barrier.

People whose work involves wet hands-such as cleaners, food handlers, dishwashers, healthcare workers, and hairdressers-may be more exposed to these triggers.

Eczema and other inflammatory skin conditions can make the nail folds easier to irritate. Diabetes, poor circulation, and medicines or conditions that weaken immune defenses can increase the chance of infection or make healing slower.

Candida, a type of yeast, is often found in chronic paronychia. However, it may be taking advantage of already damaged skin rather than being the main cause.

- Biting or picking the nails or cuticles
- Pulling off a hangnail
- Cutting or pushing back the cuticle
- Manicures, artificial nails, or nail tools
- An ingrown toenail
- Splinters, cuts, or cracked skin

Diagnosis

Paronychia is usually diagnosed by examining the nail and surrounding skin. A healthcare professional will look for swelling, damaged cuticles, pus, blisters, an ingrown nail, and signs that inflammation has spread.

They may gently press the area to check whether pus is trapped beneath the skin. Ultrasound is occasionally used when it is unclear whether an abscess has formed.

Testing is not needed for every case. A sample of pus may be sent for culture to identify bacteria when the infection is severe, keeps returning, has not responded to treatment, or occurs in someone at greater risk of complications.

Persistent or unusual nail inflammation may need testing for fungus or another skin condition. Rarely, a biopsy-removal of a small tissue sample-may be considered when one nail remains abnormal despite treatment. This helps rule out other causes that can resemble paronychia.

Treatment and management

Treatment depends on whether the problem is acute or chronic and whether an abscess is present.

For a mild acute case without trapped pus, warm-water soaks may ease discomfort and encourage drainage. Keeping the area clean and avoiding further injury can help it heal. A clinician may recommend a medicine applied to the skin, such as an antibiotic like amoxicillin or doxycycline , sometimes with an anti-inflammatory treatment.

A visible or painful pocket of pus often needs drainage by a healthcare professional. This relieves pressure and removes infected material. Part of the nail may occasionally need to be

lifted or removed if pus extends underneath it or an ingrown nail is contributing.

Do not puncture, squeeze, or cut the area yourself. This can push infection deeper, damage the nail, or delay the right diagnosis. It is particularly important not to drain an area containing clear blisters because this could be herpetic whitlow.

Antibiotic tablets are not required for every paronychia. They may be used when redness is spreading into the surrounding skin, the infection is severe, or a person has medical factors that raise the risk of complications. The choice depends on the likely bacteria, local resistance patterns, allergies, and sometimes culture results.

Chronic paronychia is treated by allowing the damaged nail fold to recover. This usually includes:

A topical corticosteroid may be recommended to reduce inflammation. Antifungal treatment may be considered when yeast or another fungus appears to be contributing, but antifungal medicine alone does not correct repeated irritation.

Recovery from chronic paronychia can be slow because the cuticle and nail fold need time to reform. Severe or persistent cases may be referred to a dermatologist. Surgery is rarely needed.

- Limiting contact with water, detergents, and chemicals
- Wearing suitable protective gloves for wet work
- Drying hands carefully after washing
- Applying a bland moisturizer or barrier product
- Avoiding cuticle cutting, nail biting, and artificial nails

Complications

Most cases heal without lasting harm. Possible complications include a larger abscess or cellulitis , which is infection spreading through the deeper layers of skin.

Infection can occasionally extend beneath the nail or into a fingertip. Spread to a tendon, joint, or bone is uncommon but more serious. The risk may be higher when treatment is delayed or when diabetes, poor circulation, or weakened immune defenses affect healing.

Repeated inflammation can change how the nail grows. It may become ridged, thickened, discolored, or separated from the nail bed. These changes often grow out after the nail fold recovers, although this takes time.

A damaged cuticle also leaves a gap where moisture and germs can enter, increasing the

chance of another episode.

Prevention

Not every case can be prevented, especially when a minor skin break is not noticed. You can lower the risk by protecting the seal between the nail and surrounding skin.

Avoid biting nails, chewing the skin around them, or pulling hangnails. Clip a hangnail carefully rather than tearing it. Do not cut or aggressively push back the cuticle.

Use clean nail tools, and choose nail salons that follow appropriate hygiene practices. Artificial nails and harsh nail products may need to be avoided if they repeatedly irritate your skin.

For frequent wet work, use waterproof gloves suited to the task, ideally with a dry cotton lining when practical. Change gloves if moisture collects inside. Moisturize after washing and limit direct contact with detergents and cleaning chemicals.

Trim toenails without cutting deeply into the corners. Properly fitting shoes can reduce pressure around an ingrown toenail.

If you have diabetes or reduced circulation, regular inspection of your fingers and toes can help you notice small cuts, swelling, or nail problems early.

Living with it and what to expect

An uncomplicated acute paronychia often begins to settle after pus is drained or the inflammation is treated. Pain and pressure may improve before all redness and swelling disappear.

If symptoms are not improving as expected, the cause may need to be reviewed. There may still be an abscess, the bacteria may not respond to the first treatment, or the problem may be another condition such as herpetic whitlow or an ingrown nail.

Chronic paronychia usually improves over weeks to months rather than days. Even with treatment, it may return if the nail folds remain exposed to moisture or irritants. Protecting the hands is therefore part of long-term management, not only something to do during a flare.

Nail changes take longer to resolve than skin symptoms because the damaged part must grow outward. Toenails grow more slowly than fingernails. Some people are left with minor ridges or changes in nail shape, particularly after repeated or severe inflammation.

Most people can continue their usual activities. Temporary changes may be needed for work, nail care, sports, or household tasks that keep the affected area wet or place pressure on it.

When to get medical help

Arrange routine medical care if:

Seek urgent medical care if redness or swelling is spreading beyond the nail, pain is rapidly worsening, movement becomes difficult, or red streaks extend up the finger, toe, hand, or foot.

Seek emergency care for a spreading infection accompanied by fever, confusion, faintness, severe weakness, or feeling seriously unwell. These symptoms can indicate that infection is affecting more than the nail fold.

- Pain, redness, or swelling is not improving
- You can see or feel a pocket of pus
- The condition keeps returning or lasts longer than six weeks
- The nail becomes distorted, discolored, or separated
- Several nails are affected
- You have clear blisters rather than pus
- You may have an ingrown toenail
- You have diabetes, poor circulation, or weakened immune defenses

Common questions

Can paronychia go away on its own?

A very mild case without an abscess may settle with protection from further injury and appropriate local care. A painful pus-filled swelling often needs professional drainage. Ongoing or worsening symptoms should be assessed rather than repeatedly treated at home.

Should I pop or drain paronychia myself?

No. Cutting or puncturing the skin can spread infection and damage the nail. Clear blisters may be caused by herpes and should not be drained. A healthcare professional can determine whether drainage is needed and perform it safely.

Is paronychia contagious?

Ordinary bacterial or irritant paronychia does not usually spread through casual contact. Germs from pus can enter another person's broken skin, so keep any drainage covered and do not share nail tools or towels. Herpetic whitlow is contagious through direct contact with the blister fluid.

Why does my paronychia keep coming back?

Repeated moisture, chemicals, cuticle damage, nail biting, eczema, artificial nails, or an ingrown nail can keep the protective skin barrier from healing. Diabetes and weakened immune defenses can also contribute. Recurrent cases may need evaluation for an underlying trigger.

How long does paronychia take to heal?

Acute paronychia may improve over several days after suitable treatment, although the exact course is not the same for everyone. Chronic paronychia can take weeks or months to settle. Nail ridges or discoloration remain visible until the affected nail grows out.

Can I get a manicure while it heals?

It is best to avoid manicures, artificial nails, polish removers, and cuticle work until the skin has healed. Nail treatments can cause further irritation, trap moisture, or introduce germs into damaged skin.

Sources

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