SYMPTOM

Nail problems

Nail problems are changes in a fingernail or toenail's colour, shape, texture, attachment, or surrounding skin.

WHAT IT FEELS LIKE
Brittle, thick, discoloured, ridged, loose, sore, or swollen nails

WHERE IT IS FELT
Fingernails, toenails, and the skin around them

MOST COMMON CAUSES
Minor injury, fungal infection, repeated water or chemical exposure

WHEN IT IS URGENT
Rapidly spreading redness, severe pain, pus, or fever

USUALLY LASTS
Depends on the cause and how quickly the nail grows

SEE A DOCTOR IF
Changes persist, spread, hurt, or affect one nail only

Overview

A nail problem is a change in how one or more fingernails or toenails look or feel. Nails may become thick, brittle, discoloured, ridged, pitted, painful, or partly detached.

Many nail changes are caused by everyday injury, moisture, skin conditions, or fungal infection. Some occur naturally with age. Less often, a nail change can be linked to a medicine or another health condition.

Nails grow slowly, so damage may remain visible for months even after its cause has stopped. A new, healthy nail must grow forward from the nail root, which sits under the skin at the base.

What it may feel or look like

Nail problems can affect one nail, several nails, or every nail. You may notice:

Small white marks often follow minor injury and usually grow out. A dark red or black area after hitting or trapping a finger or toe may be blood beneath the nail.

Pay attention to when the change began, whether it is moving as the nail grows, and whether

other nails are affected. These details can help identify the cause.

- splitting, peeling, crumbling, or unusual brittleness
- thickening or a change to the nail's shape
- white, yellow, green, brown, blue, or black colour
- pits, grooves, or raised ridges
- lifting away from the skin underneath
- tenderness, throbbing, swelling, or warmth
- red, sore, or broken skin around the nail
- a changed curve, such as fingertips becoming rounded and nails curving down

Common causes

Minor injury and repeated pressure are frequent causes. Trapping a finger, running in tight shoes, biting nails, picking cuticles, or having repeated manicures can damage the nail or the skin around it. Blood may collect under a badly bruised nail.

Moisture and chemical exposure can make nails soft, peeling, or brittle. Frequent handwashing, wet work, cleaning products, nail polish remover, and repeated use of artificial nails may contribute.

Fungal nail infection can cause thick, yellow, white, crumbly, or distorted nails. Toenails are affected more often than fingernails. Similar changes can have other causes, so appearance alone does not always confirm fungus.

Skin conditions can involve the nails. Psoriasis may cause small pits, thickening, colour changes, or lifting. Eczema can inflame the skin around a nail and disturb its growth.

Less common causes include bacterial infection around the nail, medicine side effects, circulation problems, thyroid disease, iron deficiency, and other illnesses. Horizontal grooves may appear after a significant illness or interruption to nail growth.

A new dark stripe in one nail is often related to pigment or injury, particularly in people with darker skin. However, a stripe that is new, widening, irregular, or spreading onto nearby skin needs medical assessment because, rarely, it can be a sign of skin cancer.

When to seek medical care

Arrange a routine appointment if a nail change has no clear cause, does not grow out, keeps returning, or is getting worse. You should also book an appointment if a nail becomes thick, distorted, painful, or detached, or if several nails change together.

Seek prompt medical advice for:

Get same-day medical care if redness or swelling is spreading, pus is collecting, pain is severe, or you have a fever. These signs may mean an infection needs treatment.

A major crush injury, uncontrolled bleeding, loss of feeling, or a finger or toe that looks bent or poorly supplied with blood needs urgent assessment. Call emergency services if a serious injury is accompanied by heavy bleeding that will not stop or other life-threatening symptoms.

- a new or changing dark stripe, especially in one nail
- pigment spreading from the nail onto nearby skin
- rounded fingertips with nails curving downward
- persistent swelling, drainage, or soreness around a nail
- nail problems when you have diabetes, poor circulation, or reduced immunity

How the cause is found

A clinician will examine the nail, nearby skin, and often your other nails. They may ask about injuries, footwear, wet work, nail products, skin rashes, medicines, and health conditions.

If fungus is possible, a small nail clipping or scraping may be tested. This can help avoid using antifungal treatment for a change caused by something else.

Blood tests are not needed for most nail problems. They may be considered if your symptoms suggest iron deficiency, thyroid disease, or another condition affecting nail growth.

An unusual dark area or persistent growth may need assessment by a dermatologist, a doctor who specialises in skin and nails. Occasionally, a small sample called a biopsy is taken for examination under a microscope.

Treatment and self-care

Treatment depends on the cause. Nail damage usually improves as a new nail grows. Fungal infections may need antifungal medicine, while psoriasis or eczema may require treatment aimed at the underlying skin inflammation.

You can protect your nails by keeping them clean and trimming them straight across. Smooth

sharp edges gently rather than pulling or tearing them. Wear roomy shoes and change damp socks. Use gloves for wet work or contact with cleaning products.

Moisturiser can help dry nails and surrounding skin. Avoid cutting or pushing back cuticles, which help seal out infection. Do not share nail clippers, footwear, or nail tools.

Do not drill, burn, or cut into a painful nail at home. A clinician can safely release blood from beneath a recently injured nail when appropriate. Avoid trying to drain pus yourself.

Cosmetic polish can hide a change but does not treat its cause. Artificial nails and repeated filing may worsen a damaged or infected nail.

What to expect

Improvement can be slow because the damaged part must grow out. A fingernail commonly takes about six months to replace itself. A toenail may take 12 to 18 months.

A nail that has lifted away from the skin usually does not reattach. Instead, a new nail grows beneath it. Protecting the area can reduce further injury while this happens.

Some problems return, especially fungal infection, repeated pressure, psoriasis, or ongoing exposure to moisture. Follow-up may be needed if treatment is not helping, the change spreads, or a new symptom appears.

Common questions

Are nail ridges normal?

Fine vertical ridges running from the cuticle to the tip often become more noticeable with age. Deep horizontal grooves, sudden changes, or ridges affecting several nails should be discussed with a clinician.

Does a yellow nail always mean fungus?

No. Yellowing can also follow nail polish use, repeated injury, psoriasis, or nail separation. Testing may be needed before starting prescription antifungal treatment.

Should I take vitamins for brittle nails?

Not unless a clinician identifies a deficiency or another reason to use them. Brittle nails are often related to repeated wetting, chemicals, injury, or normal ageing. Supplements can have side effects and may interfere with tests or medicines.

Can a damaged nail fall off?

Yes. A badly injured or infected nail may loosen and shed. Keep it protected and do not pull it off. Seek care if there is severe pain, spreading redness, pus, or a significant injury.

Sources

- NHS: Nail problems - overview of common nail changes, causes, and when to seek care
- American Academy of Dermatology: 12 nail changes a dermatologist should examine - warning signs and nail changes linked with health conditions
- American Academy of Dermatology: Nail fungus-diagnosis and treatment - diagnosis, testing, treatment, and nail care
- DermNet: Nail terminology - clinical descriptions of nail colour, shape, surface, and attachment changes
- Lipner SR, Scher RK. "Onychomycosis: Clinical overview and diagnosis." Journal of the American Academy of Dermatology . 2019;80(4):835-851. doi:10.1016/j.jaad.2018.03.062