



**Texas Children's Hospital
Dermatology Service
PCP Referral Guidelines- Onychomycosis**

Diagnosis: **ONYCHOMYCOSIS**

GENERAL INFORMATION:

- “Onychomycosis” generally refers to fungal infection of the nail(s); however, yeast and molds are other causative agents.
- Children with onychomycosis frequently have a first-degree relative or other household member with onychomycosis and/or tinea pedis.
- Features suggestive of onychomycosis include:
 - Nails that are thickened, brittle, discolored, separating from the nail bed, and/or have subungual debris
 - Adjacent skin involvement suspicious for infection (erythematous, scaly, pruritic)

TREATMENT RECOMMENDATIONS:

- Confirm presence of fungal infection, as non-infectious causes may mimic onychomycosis (trauma, 20 nail dystrophy, psoriasis)
 - Send adequate clipping of involved nail for fungal culture and periodic-acid-Schiff (PAS)stain
 - Specimens for fungal culture go to microbiology
 - Specimens for PAS stain go to anatomic pathology
- If fungal infection is confirmed by culture, start terbinafine (Lamisil)
 - For treatment >3 months: Baseline CBC and LFTs, repeat at 6 weeks.
 - Dosing:
 - <20 kg = 62.5 mg/day (250 mg tablet, take ¼ tab daily)
 - 20-40 kg = 125 mg/day (250 mg tablet, take ½ tab daily)
 - >40 kg = 250 mg/day (250 mg tablet daily)
 - Duration of therapy
 - Fingernails: 6 weeks
 - Toenails: 12 weeks
 - Note: it may take 6 months-1 year after completing entire course of terbinafine before resolution of nail findings may be seen.

REFERRAL GUIDELINES: If patient has documented fungal infection of the nail, please wait 1 year after completion of systemic antifungal therapy to assess need for referral



Texas Children's Hospital



**Texas Children's Hospital
Dermatology Service
PCP Referral Guidelines- ONYCHOMYCOSIS**

MINIMIZE RECURRENCE:

- Preventive measures:
 - Keep feet clean and dry. Wear socks made of absorbant material (e.g. cotton) and change them often) Wear open-toed shoes when possible.
 - Eliminate all other sources of fungal infection (e.g. groin)
- Avoid re-infection:
 - Replace shoes if possible. If not possible, replace insoles. Avoid wearing other people's shoes. Avoid walking barefoot over surfaces that have high density of fungal spores (public showers, gymnasiums). Ideally, all close contacts with active skin and/or nail infection should be treated.