

## DERMATOLOGY WAIVERS

CONDITION: DERMATOPHYTOSIS OF THE NAIL (ICD9 110.1)

Revised August 2002

**AEROMEDICAL CONCERNS:** While the disease process does not interfere with aviation duties, the oral medications commonly used in its treatment do present enough side effects to warrant careful observation and grounding.

**WAIVERS:** Initial Applicants and Rated Aviation Personnel (All Classes): Dermatophytosis of the nail is not considered disqualifying. Waivers for topical antifungals are not required. Waivers for oral antifungal treatments are not required since they are only used for a short duration and the soldier is grounded during their use.

### **INFORMATION REQUIRED :**

1. Documentation of treatment and ongoing follow-up plan,
2. Documentation of Tinea involvement with KOH preparation, culture, or nail clipping for staining by the pathology department **is highly recommended**, but not required before any treatment is initiated. Ensure there are no mixed dermatophyte infections by screening with the wood's lamp for concomitant bacterial infections.

**FOLLOW-UP:** Liver Function testing should be monitored monthly in patients on oral itraconazole (SPORANOX) and monthly liver function testing and CBC for terbinafine (LAMISIL) antifungal treatment.

**TREATMENT:** Ciclopirox topical 8 percent (PENLAC) is the only routinely approved medication for chronic use. Other medications for chronic use may be considered on a case-by-case basis. While not approved for waiver for chronic use, itraconazole, and terbinafine are effective onychomycotic treatments. Recommended use in aviation personnel is to administer itraconazole in week-long pulses each month for four to six cycles. Aviators should be grounded each cycle, but since it is not administered chronically, waiver is not required.

**DISCUSSION:** The effective treatment of any tinea infection should start with the identification of a true infection by KOH, culture, or nail clipping analysis. The next paramount step in curing the mycotic process is educating the service member on prevention and daily foot care, to include good emollient, to assist in the treatment and to dampen the high recurrence rate.

Topical ciclopirox 8 percent applied to the affected nails with an emollient to the nail and foot (carmol or lachydrin) daily is an affect treatment that does not require a waiver nor grounding.

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The oral medications itraconazole and terbinafine should also be combined with an emollient. Both medications have been associated with central nervous system difficulties that are incompatible with aviation duty. (Itraconazole: headache, dizziness, tremor, vertigo, peripheral neuropathy. Terbinafine: headache, visual disturbance, and change in concentration.)

REFERENCE:

Andrew's: Diseases of the Skin – Clinical Dermatology 9<sup>th</sup> Edition, W.B. Saunders 2000. Chapter 15, ISBN-0-7216-5832-6.

Comprehensive Dermatologic Drug Therapy – Stephen E. Wolverton W.B. Saunders 2001 ISBN-0-7616-7728-2.

Emedicine - <http://www.emedicine.com/derm/topic300.htm>