



Conventional Photodynamic Therapy versus Fractional CO₂ Laser Assisted Photodynamic Therapy in Treatment of Onychomycosis

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

لَسْبَدَانِكَ لَا نَعْلَمُ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْعَظِيمُ

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List of Contents

Title	Page No.
List of Tables	5
List of Figures	7
List of Abbreviations	10
1. Introduction	1
2. Aim of the Work	4
3. Review of Literature	5
3.1. Nail anatomy	5
3.2. Epidemiology of Onychomycosis	10
3.3. Etiopathogenesis of Onychomycosis	14
3.4. Clinical Types and Scoring Systems of Onychomycosis ..	25
3.5. Diagnosis of Onychomycosis	37
3.6. Treatment of Onychomycosis	45
4. Patients and Methods	64
5. Results	80
6. Discussion	115
7. Conclusion and Recommendations	121
8. Summary	123
References	125
Arabic Summary	

List of Tables

Table No.	Title	Page No.
Table (1):	Onychomycosis Severity Index	36
Table (2):	Factors of the Scoring Clinical Index for Onychomycosis.....	36
Table (3):	Description of the personal characteristics, medical and family history among OM cases in the study.....	81
Table (4):	The clinical characteristics of onychomycosis cases	83
Table (5):	Description of clinical characteristics among the two affected sides in the study.....	84
Table (6):	Types of isolated fungi in onychomycosis cases (n. =21).....	86
Table (7):	Summary of macroscopic & microscopic features of the identified fungi.....	87
Table (8):	Efficacy of the PDT alone in treatment of OM.....	98
Table (9):	Tolerability of conventional PDT among study cases (n.=21)	98
Table (10):	The efficacy of fractional CO2 laser assisted PDT treatment among onychomycosis cases	101
Table (11):	Tolerability of fractional CO2 laser assisted PDT among study cases (n.=21).....	101
Table (12):	Comparison between right side (conventional PDT) and left side (fractional CO2 laser assisted PDT)	104
Table (13):	Comparison between right side (conventional PDT) and left side (fractional CO2 laser assisted PDT) according to side effects	105

List of Tables (Cont...)

Table No.	Title	Page No.
Table (14):	Relapse rate at 6 months after end of treatment..	105
Table (15):	Relation between personal & clinical characteristics data and mycological cure after treatment with PDT alone	113
Table (16):	Relation between personal data and cure rate after treatment with combined treatment	114

List of Figures

Fig. No.	Title	Page No.
Fig. (1):	A diagram showing front view of nail anatomy.....	8
Fig. (2):	A diagram showing front view and lateral section of nail anatomy	9
Fig. (3):	Colonies of <i>Epidermophyton floccosum</i>	17
Fig. (4):	<i>Microsporum</i> colonies in culture.....	18
Fig. (5):	Reverse Macromorphology of <i>Trichophyton mentagrophytes</i> colonies.....	19
Fig. (6):	Pathogenesis of Onychomycosis	24
Fig. (7):	Distal and lateral subungual onychomycosis.....	27
Fig. (8):	Proximal subungual onychomycosis	27
Fig. (9):	Superficial white onychomycosis	28
Fig. (10):	Endonyx onychomycosis.....	29
Fig. (11):	Totally dystrophic onychomycotic nails	30
Fig. (12):	<i>Candida</i> onychomycosis of long duration with paronychia.....	31
Fig. (13):	Chronic mucocutaneous candidiasis	32
Fig. (14):	Proximity to matrix scoring	34
Fig. (15):	Examples of dermatophytoma.....	35
Fig. (16):	Dermoscopy in onychomycosis.....	43
Fig. (17):	Dermoscopy in onychomycosis; the Spiked pattern, indentations at the proximal edge of the area with onycholysis.....	43
Fig. (18):	Schema of a photochemical reaction during photodynamic therapy.....	60

List of Figures (Cont...)

Fig. No.	Title	Page No.
Fig. (19):	Sterile scarver and petri dish which used for specimen collection.....	67
Fig. (20):	Sabouraud's dextrose agar medium with chloramphenicol.....	68
Fig. (21):	Chromogenic Candida Agar.....	73
Fig. (22):	Clinical variants of OM on both side in the study cases.....	85
Fig. (23):	Box and whisker plot chart	85
Fig. (24):	Candida krusei.....	89
Fig. (25):	Aspergillus niger	89
Fig. (26):	Lactophenol cotton blue film showing the microscopic features of Aspergillus species	90
Fig. (27):	Aspergillus gluacus.....	91
Fig. (28):	Scopulariopsis brevicaulis.....	91
Fig. (29):	Fusarium oxysprum.....	92
Fig. (30):	Chysosporium tropicum.....	92
Fig. (31):	Microscopic features of Alternaria alternate showing colored hyphae and muriform conidia.....	93
Fig. (32):	Microscopy of Scytalidium dimidiatum showing the colored hyphae and chains of brown-colored arthrospores.	93
Fig. (33):	The dermoscopic features in a case of distrolateral onychomycosis	94
Fig. (34):	The dermoscopic features in a case of white superficial onychomycosis.....	94

List of Figures (Cont...)

Fig. No.	Title	Page No.
Fig. (35):	The clinical and dermoscopic features of a case of total dystrophic onychomycosis.....	95
Fig. (36):	Nail discoloration due to MB.....	97
Fig. (37):	Nail discoloration due to photosensitizer.....	100
Fig. (38):	Box and whisker plots showing the effect of treatment on onychomycosis severity index.	106
Fig. (39):	Culture after treatment on the both side.....	107
Fig. (40):	A 23-years-old male with OM.....	108
Fig. (41):	A 44-years-female with distal-lateral onychomycosis	108
Fig. (42):	A 44-years-female with <i>Aspergillus glaucus</i> infection	109
Fig. (43):	A 24-years-female with <i>candida albicans</i> infection	110
Fig. (44):	Pain during sessions on the both sides.	111

List of Abbreviations

Abb.	Full term
<i>AIDS</i>	<i>Acquired immune deficiency syndrome</i>
<i>ALA</i>	<i>Aminolevulinic acid</i>
<i>APC</i>	<i>Antigen presenting cells</i>
<i>CCA</i>	<i>Chromogenic Candida Agar</i>
<i>CMI</i>	<i>Cell-mediated immunity</i>
<i>CO</i>	<i>Candida onychomycosis</i>
<i>DLSO</i>	<i>Distal and lateral subungual onychomycosis</i>
<i>DNF</i>	<i>Distal nail fold</i>
<i>DTM</i>	<i>Dermatophyte test medium</i>
<i>EO</i>	<i>Endonyx onychomycosis</i>
<i>FDA</i>	<i>Food and Drug Administration</i>
<i>HIV</i>	<i>Human immunodeficiency virus</i>
<i>HSF</i>	<i>Heat shock factor</i>
<i>KOH</i>	<i>Potassium Hydroxide</i>
<i>MAL</i>	<i>Methyl aminolevulinate</i>
<i>MB</i>	<i>Methylene blue</i>
<i>MHC</i>	<i>Major histocompatibility</i>
<i>NDMs</i>	<i>Non-dermatophytes moulds</i>
<i>NK</i>	<i>Natural Killer</i>
<i>OCT</i>	<i>Optical coherence tomography</i>
<i>OM</i>	<i>Onychomycosis</i>
<i>OSI</i>	<i>Onychomycosis Severity Index</i>
<i>PCR</i>	<i>Polymerase chain reaction</i>
<i>PDT</i>	<i>Photodynamic therapy</i>
<i>PNF</i>	<i>Proximal nail fold</i>
<i>PNM</i>	<i>Proximal nail matrix</i>

List of Abbreviations (Cont...)

Abb.	Full term
<i>PSO</i>	<i>Proximal subungual onychomycosis</i>
<i>PWSO</i>	<i>Proximal white subungual onychomycosis</i>
<i>ROS</i>	<i>Reactive oxygen species</i>
<i>SDA</i>	<i>Sabouraud dextrose agar medium</i>
<i>SWO</i>	<i>Superficial white onychomycosis</i>
<i>TDO</i>	<i>Total dystrophic onychomycosis</i>
<i>TRT</i>	<i>Thermal relaxation time</i>

1. INTRODUCTION

Onychomycosis is considered to be a common complex problem involving chronic nail fungal infection, which can result in nail dystrophy and discomfort. Onychomycosis is caused in most of cases by dermatophytes especially *Trichophyton rubrum* (**Gupta et al., 2000**). Clinical diagnosis of onychomycosis should be confirmed by laboratory identification of fungal elements as the clinical picture of onychomycosis may mimic other conditions like nail psoriasis and chronic nail trauma (**Ameen et al., 2014**). Direct microscopic examination after potassium hydroxide (KOH) preparation and fungal culture using Sabouraud medium are commonly used to confirm the diagnosis (**Lawry et al., 2000**).

The classical treatment modalities for onychomycosis include oral as well as topical antifungal; however, the cure rate is considered to be low and regression rate is found to be high (**Gupta and Simpson, 2012; Gupta et al., 2004**). Traditional systemic antifungals have the risk of multiple drug interactions and systemic side effects in some patients with systemic diseases (**Shemer, 2012; Piraccini and Gianni, 2013**). Several factors may lead to the poor treatment outcomes including the difficulty of achieving penetration of the nail plate, lack of adherence to treatment (which lasts for months), the poor response of some fungi to antifungals, and individual susceptibility (**Robres et al.,**

2015). So, there is an intense need to find other methods to assure higher cure rates and better patient satisfaction, yet with lesser side effect (**Thomas, 2010**).

Nowadays, laser and photodynamic therapy (PDT) are considered to be new nontraditional methods for treatment of onychomycosis (**Grover and Khurana, 2012; Gupta and Simpson, 2012; Souza et al., 2013**). PDT offers several advantages over traditional antimicrobial therapies as it has a broad spectrum of action and is effective independent of patterns of antimicrobial resistance. Moreover, it allows for the specific delivery of the photosensitizer to the infected area sparing the adjacent healthy tissue and thus, avoiding systemic side effects (**Robres et al., 2015**).

Photodynamic therapy involves the use of photosensitizer agents as amino levulinic acid, methyl amino levulinic acid and methylene blue followed by exposure to light source to trigger the production of reactive oxygen species (ROS) which have shown fungicidal properties (**Silva et al., 2013; Figueiredo Souza et al., 2014**). **Figueiredo Souza et al. (2014)** examined the efficacy of PDT for treatment of onychomycosis using 2% methylene blue as a photosensitizer agent following mechanical abrasion of thick nails. They showed a cure rate of 90% with minimal recurrence at 12 months post-treatment. **De Oliveira et al. (2015)** showed marvelous success in seven mycotic nails through the use of

fractional CO₂ laser in association with photodynamic therapy as fractional CO₂ gives immediate effect with destruction of the area affected by fungi. This allows for a deeper penetration of photosensitizer agent used in the PDT and thus, the combination provided a high success rate. However, these results need to be further verified on a larger scale of patients.

Though PDT showed a reasonable success in treatment of onychomycosis, yet there is a little clinical experience with the use of PDT in the treatment of onychomycosis and no standardized protocol exists (***Robres et al., 2015***).

2. AIM OF THE WORK

The aim of the current study is to evaluate two PDT approaches in the treatment of onychomycosis. The study will compare the effect of PDT using conventional method versus fractional CO₂ assisted PDT for achievement of a clinical and mycological cure in cases of onychomycosis.