

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

02 Jun 2026

### Comparison of the efficacy of Triamcinolone Iontophoresis versus topical Daivobet in the treatment of nail psoriasis.

#### Protocol summary

##### Summary

The aim of this study was to compare the efficacy of monthly triamcinolone iontophoresis and daily topical daivobet in the treatment of nail psoriasis. This study was a clinical trial (bilateral comparison study) conducted on 16 patients with nail psoriasis referred to the Faghihi dermatology clinics from March 2014 to March 2015. Patients with mild to moderate psoriasis with the age range of 6-70 were entered our study after dermatologist clinical diagnosis confirmation. Exclusion criteria were iontophoresis contraindications and patient's dissatisfaction. In this study we want compare the effect of tiamcinolone ionthophoresis on nail psoriasis with bed and matrix involvment wih topical daivobet.

#### General information

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT2017050233778N1**

Registration date: **2017-06-26, 1396/04/05**

Registration timing: **retrospective**

Last update:

Update count: **0**

##### Registration date

2017-06-26, 1396/04/05

##### Registrant information

##### Name

Shahla Hoseinpoor

##### Name of organization / entity

Shiraz University of Medical Sciences

##### Country

Iran (Islamic Republic of)

##### Phone

+98 97132125239

##### Email address

hoseinpor@sums.ac.ir

##### Recruitment status

**Recruitment complete**

##### Funding source

Shiraz University of Medical Sciences

##### Expected recruitment start date

2016-02-19, 1394/11/30

##### Expected recruitment end date

2017-02-18, 1395/11/30

##### Actual recruitment start date

empty

##### Actual recruitment end date

empty

##### Trial completion date

empty

##### Scientific title

Comparison of the efficacy of Triamcinolone Iontophoresis versus topical Daivobet in the treatment of nail psoriasis.

##### Public title

Tiramcinolone for teratment of nail psoriasis

##### Purpose

Treatment

##### Inclusion/Exclusion criteria

Inclusion criteria: Age of older than 6 years; Age less than 70 years; Lack of sensitivity to the medication.

Exclusion criteria:Pacemakers; Pregnancy;

Metal Orthopedic Implants; Cardiac Arrhythmia; Patient dissatisfaction .

##### Age

From **6 years** old to **70 years** old

##### Gender

Both

##### Phase

N/A

##### Groups that have been masked

No information

**Sample size**

Target sample size: 16

**Randomization (investigator's opinion)**

Randomized

**Randomization description****Blinding (investigator's opinion)**

Not blinded

**Blinding description****Placebo**

Not used

**Assignment**

Parallel

**Other design features****Secondary Ids**

empty

**Ethics committees****1****Ethics committee****Name of ethics committee**

School of Medicine, Shiraz University of Medical Sciences

**Street address**

School of Medicine, Shiraz, Fars, Iran

**City**

Shiraz

**Postal code****Approval date**

2017-05-28, 1396/03/07

**Ethics committee reference number**

IR.SUMS.MED.REC.1396.37

**Health conditions studied****1****Description of health condition studied**

Nail psoriasis

**ICD-10 code**

L40.0

**ICD-10 code description**

Psoriasis Vulgaris

**Primary outcomes****1****Description**

Nail pitting, onycholysis, subungual hyperkeratosis

**Timepoint**

monthly

**Method of measurement**

NAPSI SCORE, photography

**Secondary outcomes****1****Description**

Pain, burning, drug reaction

**Timepoint**

Monthly

**Method of measurement**

Questionnaire

**Intervention groups****1****Description**

For one hand monthly triamcilon iontophoresis with concentration 4mg/ml was done.

**Category**

Treatment - Drugs

**2****Description**

For one hand daily application of daivobet included 50 microgram/gr calcipotriole +500 microgram/gr bethamethasine was applied.

**Category**

Treatment - Drugs

**Recruitment centers****1****Recruitment center****Name of recruitment center**

Shahid Faghihi hospital

**Full name of responsible person**

Shahla Hoseinpor

**Street address**

Shahid Faghihi Hospital, Shiraz, Fars

**City**

Shiraz

**Sponsors / Funding sources****1****Sponsor****Name of organization / entity**

Dermatology Molecholar Center, Shiraz University of Medical Sciences

**Full name of responsible person**

Sara Ranjbar

**Street address**

Dermatology Molecholar Center, Shahid Faghihi Hospital, Shiraz

**City**

Shiraz

**Grant name****Grant code / Reference number****Is the source of funding the same sponsor organization/entity?**

Yes

**Title of funding source**

Dermatology Molecholar Center, Shiraz University of Medical Scienes

**Proportion provided by this source**

100

**Public or private sector**

*empty*

**Domestic or foreign origin**

*empty*

**Category of foreign source of funding**

*empty*

**Country of origin****Type of organization providing the funding**

*empty*

**Person responsible for general inquiries****Contact****Name of organization / entity**

Shiraz University of Medical Sciences

**Full name of responsible person**

Shahla Hoseinpoor

**Position**

Dermatology Residence

**Other areas of specialty/work****Street address**

Dermatology Clinic, Shahid Faghihi Hospital, Shiraz

**City**

Shiraz

**Postal code****Phone**

+98 71 3212 5239

**Fax****Email**

hoseinpor@sums.ac.irshahla\_hoseinpoor@yahoo.com

**Web page address****Person responsible for scientific inquiries****Contact****Name of organization / entity**

Shiraz University of Medical Sciences

**Full name of responsible person**

Nasrin Saki

**Position**

Assistant Professor

**Other areas of specialty/work****Street address**

Dermatology Clinic, Shahid Faghihi Hospital , Shiraz

**City**

Shiraz

**Postal code****Phone**

+98 712125239

**Fax****Email**

nasrins85@yahoo.comshahla\_hoseinpoor@yahoo.com

**Web page address****Person responsible for updating data****Contact****Name of organization / entity**

Shiraz University of Medical Sciences

**Full name of responsible person**

Shahla Hoseinpoor

**Position**

Dermatology Residence

**Other areas of specialty/work****Street address**

Dermatology Clinic, Shahid Faghihi Hospital, Shiraz

**City**

Shiraz

**Postal code****Phone**

+98 71 3212 5239

**Fax****Email**

hoseinpor@sums.ac.irshahla\_hoseinpoor@yahoo.com

**Web page address****Sharing plan****Deidentified Individual Participant Data Set (IPD)**

*empty*

**Study Protocol**

*empty*

**Statistical Analysis Plan**

*empty*

**Informed Consent Form**

*empty*

**Clinical Study Report**

*empty*

**Analytic Code**

*empty*

**Data Dictionary**

*empty*