



## INGROWN TOENAIL

Ingrown toenails (onychocryptosis) occur when the edge of the nail grows into the skin of the toe. They can be painful with redness and swelling around the nail.

### ANATOMY

There are three stages of ingrown toenails:

In the first stage the skin on either side of the nail is red and painful to the touch because of irritation, not infection

In the second stage the skin is infected and may bulge over the side of the nail which may ooze clear fluid or pus.

In the third stage the skin has been infected for a prolonged time and is trying to heal itself. The skin does this by forming granulation tissue. This is heaped up extra red tissue that bleeds easily and migrates over the nail edge.

### CAUSES

Ingrown toenails result when the nail grows into the flesh of your toe, often the big toe. Common causes include:

- Wearing shoes that crowd your toenails
- Cutting your toenails too short or not straight across
- Injury to your toenail
- Unusually curved toenails

### SIGNS AND SYMPTOMS

- Pain and tenderness in your toe along one or both sides of the nail
- Redness around your toenail
- Swelling of your toe around the nail

- Infection of the tissue around your toenail

## **DIAGNOSIS**

Ingrown toenails are diagnosed clinically by their appearance. If pus is present, it may be cultured to determine the bacteria involved, but this is not always necessary. Infections that involve the joint or joint space may need to be ruled out with an x-ray, but this extent of infection is rare.

## **TREATMENT**

Ingrown toenails are treated based on the stage involved.

Stage 1 can be treated with warm soaks, a cutout shoe, and by elevating the nail with a cotton swab. Symptoms usually improve after a couple of days, but may not resolve for 2 to 3 weeks.

Stage 2 can be treated with warm soaks and oral antibiotics. Closed-toed shoes and hosiery should not be worn for at least 1 week. If the toenail is especially painful, a portion of the toenail may need to be removed. This is done in the office under local anesthesia.

Stage 3 must be treated with partial or full toenail removal. For recurrent instances of ingrown nails, the nail bed can be ablated. This is done by placing phenol on a cotton swab and inserting it under the cuticle remaining after the nail has been removed. The phenol kills the matrix cells that make the nail plate.

## **SURGICAL OPTIONS**

Surgical options include nail avulsion or matrixectomy. Avulsion results in the temporary removal of the nail plate from its attachments to the nail matrix, nail bed, and periungual skin folds. It can be performed in total or partial fashion either as the primary procedure or as an initial step in the treatment process. Matrixectomy results in the permanent destruction of the matrix cells, thereby ending nail plate production. The entire matrix can be destroyed (total matrixectomy), resulting in the permanent absence of a nail plate, or only that portion of the matrix producing the offending nail margin can be destroyed (partial matrixectomy), resulting in a narrower nail plate. Chemical matrixectomy is the most common method used.

**PLEASE GIVE US A CALL AT 260-499-0888**