CLINICAL REPORTS

An embedded fingernail

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Summary

A case of an embedded fingernail is reported. The increased curvature of the nail plates is considered aetiologically important. Treatment was by the method first described by Winograd for an embedded toenail.

Introduction

Much has been written on embedded nails (onychocryptosis) but only with regards to the big toenail. Its occurrence in the fingers has been mentioned (Abson, 1979). A case recently treated at the Royal Infirmary, Edinburgh, is presented.

Case report

A 73-year-old woman was referred by her family doctor with 'chronic paronychia' which had resisted systemic antibiotic treatment for 4 weeks. She could not recollect any injury to the affected right ring finger. On examination the lesion consisted of an embedded fingernail with clean granulation tissue

on the radial side (Fig. 1). The left ring and both little fingernails were also embedded but were not ulcerated. The curvature of the nail plates in these 4 fingers appeared greater than normal. Under digital block anaesthesia using 2% plain lignocaine hydrochloride and haemostasis secured with a tourniquet on the finger, a segmental resection of the nail and corresponding germinal matrix was carried out in the manner first described by Winograd (1929) for the big toenail. The granulation tissue was excised and the wound sutured. Bactigras (chlorhexidine Tulle Gras) and firm bandaging were applied. The wound healed in one week without sepsis. Six weeks later, there was no sign of recurrence.

Discussion

The aetiology of onychocryptosis is probably multifactorial. Abson (1979) claims that the condition arises from inadequate drainage of skin detritus and foreign material which collect between the lateral nail fold and end pulp. The ulceration and granulation tissue formation are thought to be due to necrosis of soft tissues of the finger as a result of pressure from the nail edge (Murray, 1979). The abnormally increased curvature of the fingernail plates and probably of the germinal matrix also in the above patient is considered aetiologically significant. A segmental resection of the nail as described above was preferred for cosmetic reasons, high probability of cure and convenience to the patient.

References

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- MURRAY, W.R. (1979) Onychocryptosis. Principles of non-operative and operative care. *Clinical Orthopaedics*, 142, 96.
- WINOGRAD, A.M. (1929) A modification in the technic of operation for ingrown toe-nail. *Journal of the American Medical Association*, 92, 229.

FIG. 1. An embedded right ring fingernail.