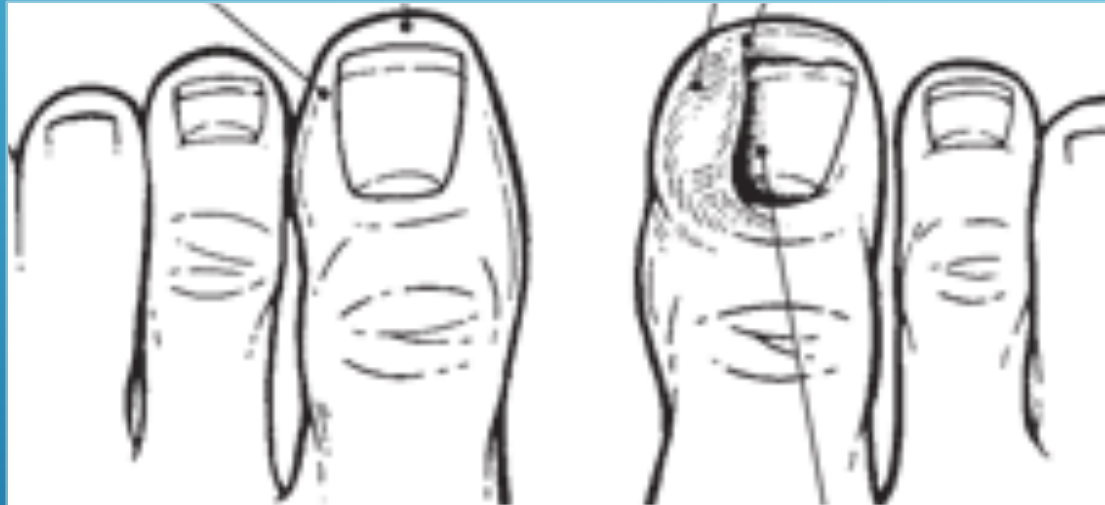


# INGROWN TOENAIL (ONYCHOCRYPTOSIS)

Kelly Winters NP

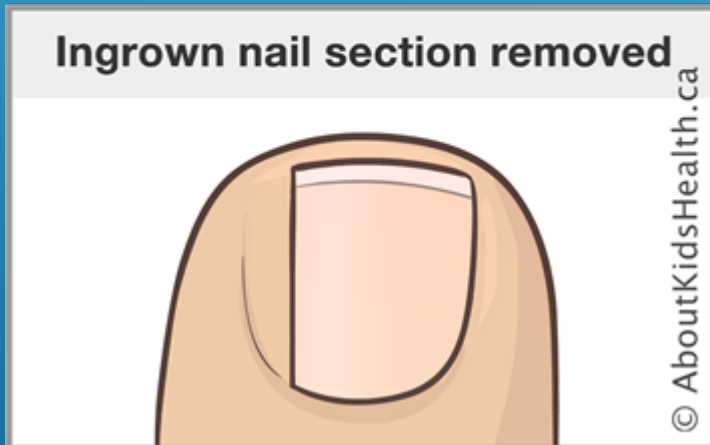
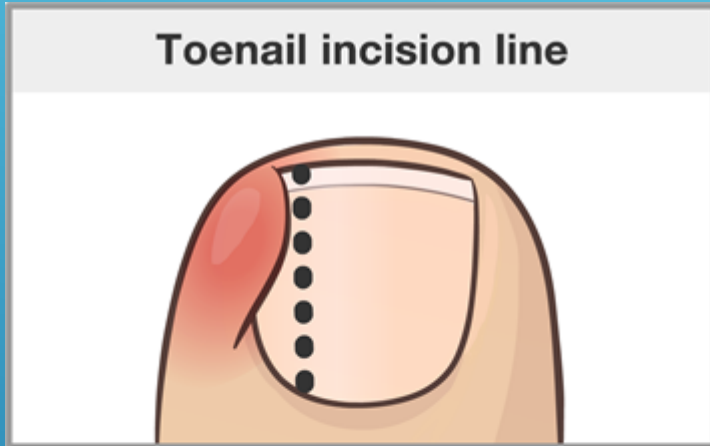
A decorative graphic consisting of several parallel white lines of varying thicknesses, slanted diagonally from the bottom left towards the top right, set against a blue gradient background.



## INTRODUCTION

An ingrown nail begins when a spicule of the lateral part goes into the skin. The penetration can also be caused by a foreign body and cause a secondary infection

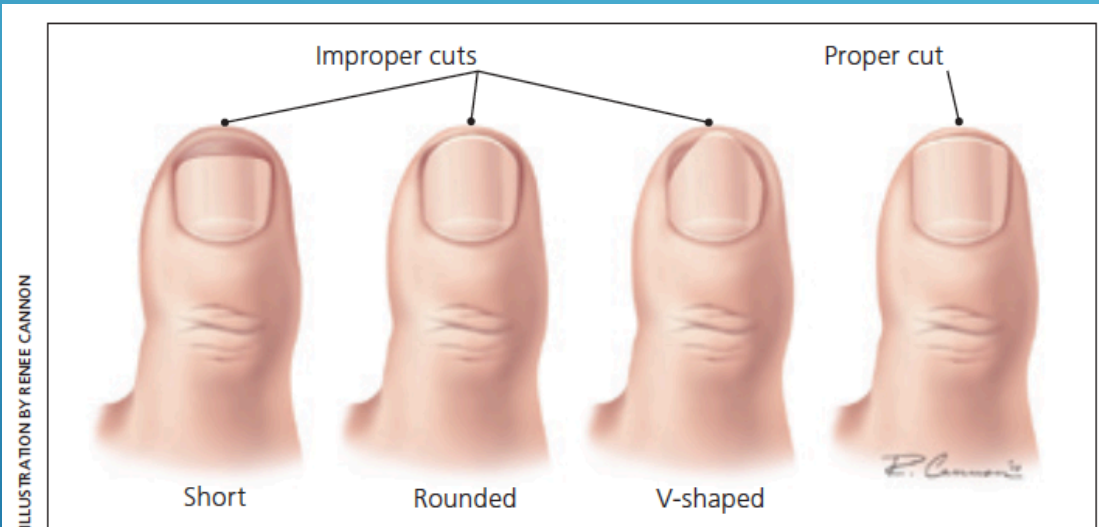
## SIGNS AND SYMPTOMS



- Pain
- Granulation tissue
- Swelling along lateral nail
- Induration
- Nail deformity
- Exudate/Purulent discharge

Most due to Staph aureus ; less commonly Streptococcus, Gram negative species (Pseudomonas)

# PROPER VS IMPROPER TRIMMING

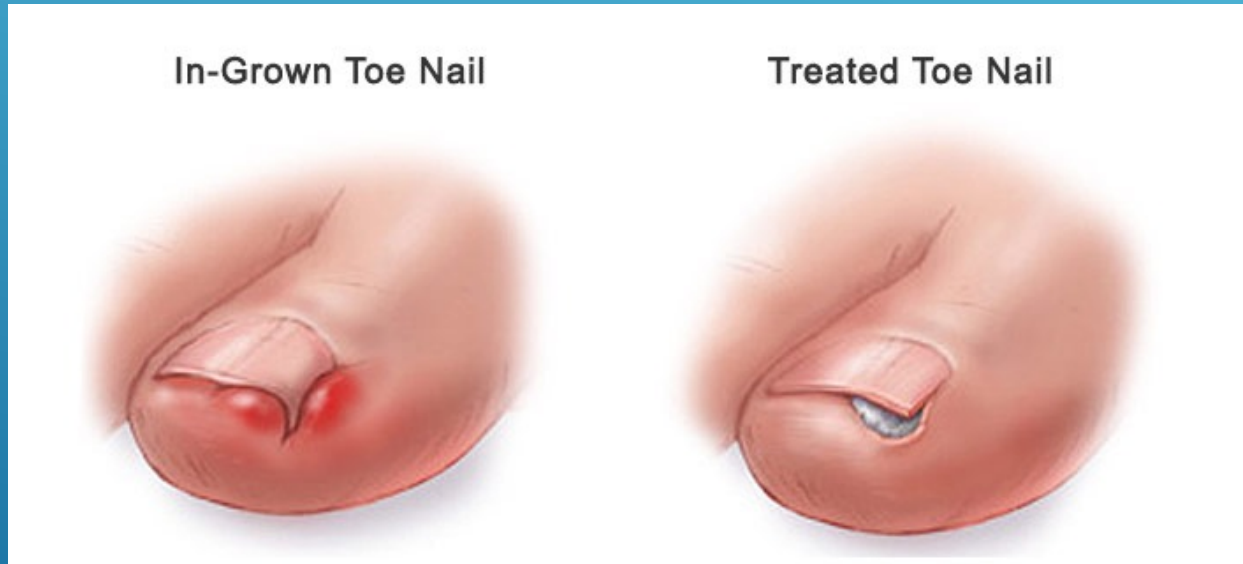


**Figure 1.** Examples of improper and proper toenail trimming. Toenails should be cut straight across, and the corners should not be rounded off.

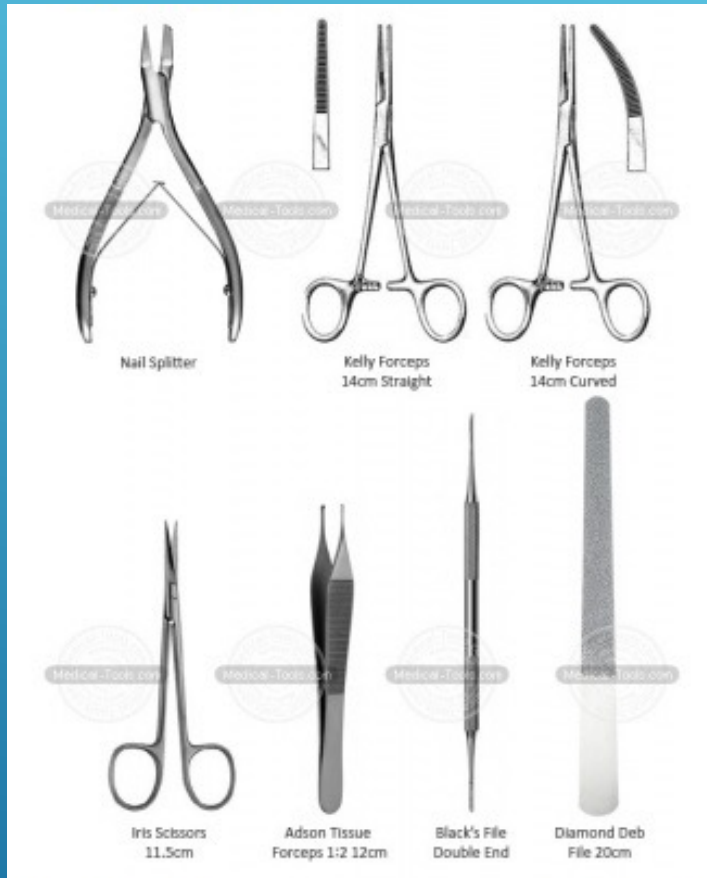
## Higher Risk Situations

- Short nails
- Rounded
- Tearing nails
- Biting
- Improper cuts result in induration along the lateral or medial distal aspect of the nail

# CONSERVATIVE MGMT (MILD TO MODERATE)



- Soak in warm water with Epsom salt
- Apply topical antibiotic ointments
- Insert cotton wisps under ingrown lateral nail edge
  - Nearly 80% will improve over a 6 month period
- If conservative treatments fail, partial nail removal is indicated



- ▶ Hemostat or Kelly forceps
- ▶ Scissors
- ▶ Gauze

## MANAGEMENT (MODERATE TO SEVERE)

- Partial (lateral nail) vs complete removal
- Soak toe in warm water with added hydrogen peroxide, then apply povidone iodine solution
- Digital toe block with injectable 1% lidocaine
- Cut downward along lateral edge to germinal matrix
- Flip ingrown piece out from under skin and remove lateral 1/5
- Refer recurrent cases to Podiatrist (may require destruction of the germinal matrix, laser, and/or electrocautery)



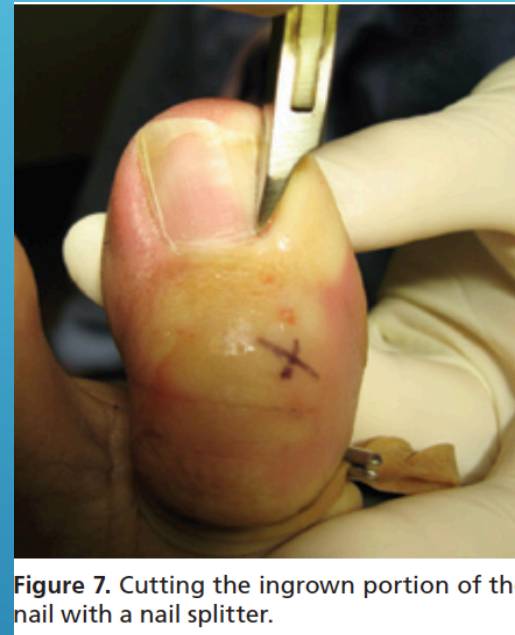
Digital block



Elevate nail on  
ingrown side



Cut nail



Remove lateral  
1/5 nail spicule





## FOLLOW UP CARE

- Antibiotics not needed for wide majority of cases unless marked cellulitis is present
- Soak with epsom salt daily for 3-5 days
- Avoid narrow-toed shoes (sandals preferred for comfort immediately following nail removal)



# FURTHER READING

- Tian, J., Li, J., Wang, F., & Chen, Z. (2018). A new perspective on the nail plate for treatment of ingrown toenail. *Dermatology practical & conceptual*, 8(1), 22–27. <https://doi.org/10.5826/dpc.0801a05>
- Haneke E. (2012). Controversies in the treatment of ingrown nails. *Dermatology research and practice*, 2012, 783924. <https://doi.org/10.1155/2012/783924>
- Heidelbaugh JJ, Lee H. Management of the ingrown toenail. *Am Fam Physician*. 2009 Feb 15;79(4):303-8.
- Ingrown Toenails *Am Fam Physician*. 2009 Feb 15;79(4):311-312. <https://www.aafp.org/afp/2009/0215/p311.html>