

INGROWN TOENAILS



■ ■ ■ Description

An ingrown toenail is a condition in which the sharp edge of a toenail grows into the fleshy side of a toe, usually the big toe. The edge of the toe becomes inflamed and often infected. It can spread to involve the whole toe.

■ ■ ■ Common Signs and Symptoms

Commonly, you will experience pain, tenderness, redness, swelling, warmth, and occasionally purulent (pus) drainage from the toe where the sharp nail edge penetrates the neighboring fold of fleshy nail tissue. Once the tissue around the nail becomes inflamed, infection usually develops in the injured area.

■ ■ ■ Causes

The toenail grows into the neighboring fleshy nail fold as a result of poor trimming or pressure from shoes. The inflamed tissues may become infected.

■ ■ ■ Risk Increases With

- Nail formation that is more curved than normal
- Toenail that is clipped too far back, especially on the sides, allowing tissue to grow over it
- Shoes that fit poorly, forcing the toe of the shoe against the nail and surrounding tissue
- Participation in sports that require sudden stops, causing the toe to jam into the shoe

■ ■ ■ Preventive Measures

- Properly clip nails, taking care to clip the tip and not the sides.
- Wear shoes that fit properly and that are roomy at the toes.
- Avoid excessive pressure on the toes from shoes.

■ ■ ■ Expected Outcome

This condition is curable with appropriate treatment, occasionally requiring antibiotics and even removal of part of the toenail. Antibiotics usually start to provide relief within 48 hours and relieve symptoms within 1 week.

■ ■ ■ Possible Complications

- Chronic infection that cannot be cured without surgery
- Progression of the infection to involve the whole toe and even the bone

■ ■ ■ General Treatment Considerations

Initial treatment consists of rest (wearing open-toe shoes or shoes with a wide toebox), antibiotics, and soaking the foot in warm water (with or without epsom salts; see Soaks and Cold Therapy). Lifting the toenail as it softens with soaks and placing cotton under the lifted edges helps decrease the pressure on the inflamed fleshy tissue, allowing healing. Antibiotics usually

start to provide relief within 48 hours. Symptoms usually resolve within 1 week after starting antibiotics. For severe acute cases, for cases that do not respond to antibiotics, and for chronic cases, surgery is usually recommended. Surgery can be done in the office to remove part of the nail. The nail usually grows back, although it may not look entirely normal.

■ ■ ■ Medication

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Antibiotics may be prescribed to fight infection. Take as directed by your physician. Finish the entire prescription, even if you start to feel better.
- Pain relievers may be prescribed as necessary by your physician. Use only as directed and only as much as you need.

■ ■ ■ Soaks and Cold Therapy

- Soak the toe (or whole foot) for 20 minutes, twice a day, in a gallon of warm water. This may be done with the addition of 2 tablespoons of epsom salts or a mild detergent.
- Cold therapy is used to relieve pain and reduce inflammation for acute cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage.

■ ■ ■ Notify Our Office If

- Symptoms get worse or do not improve in 48 hours despite treatment
- You develop fever, increased pain and swelling, or signs of infection (pain, redness, tenderness, swelling, or warmth) in the toe after surgery
- New, unexplained symptoms develop (drugs used in treatment may produce side effects)

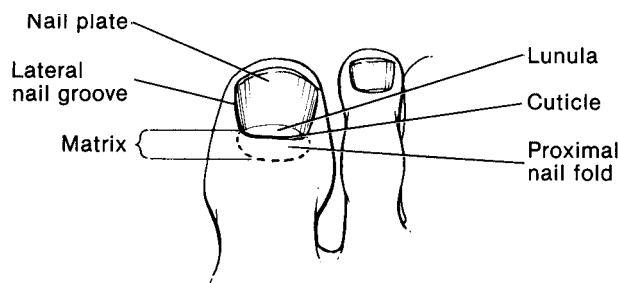


Figure 1

From DeLee JC, Drez D Jr.: Orthopaedic Sports Medicine: Principles and Practice. Philadelphia, WB Saunders, 1994, p. 1878.

Notes:

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Notes and suggestions