

CHEMICAL MATRICECTOMY OF INGROWN TOENAILS

by Prof. Miriam Emily Piansay-Soriano, MD, FPDS, FPADSF

*Chief, Section of Dermatology, Davao Doctors Hospital

* Associate Professor and Chairman, Department of Dermatology

Davao Medical School Foundation, Davao City, PHILIPPINES

ABSTRACT

Ingrown toenail is a common condition among adolescents and young adults causing significant morbidity including pain, discomfort and limitation of movement. There are two schools of thought regarding its etiology. Some authors believe that it is due to a wider nail plate sitting on a narrow nailbed and abnormal curvature of the nail can result from inappropriate nail trimming combined with wearing narrow or pointed shoes that produce lateral compression of the nailplate causing the nail to dig into the soft tissue of the lateral nail fold (unguis incarnatus). Other authors believe that ingrown nail is more due to the overgrowth of soft tissue of the lateral nailfold creeping over the nail plate (onychocryptosis). It is reasonable for us to believe that a combination of these two problems, a wide nailplate with abnormal curvature, as well as an overgrowth of soft tissue of the lateral nailfold, is responsible for ingrown toenail. Treatment can be cumbersome for both the patient and the doctor. Conservative techniques like nail-taping, gutter splinting with cotton and nail-splinting with clear plastic tubes require good patient compliance over a long period of time to be effective. Minimally invasive surgical techniques such as Chemical Matricectomy is a more reliable method. This technique consists of partial lateral nail avulsion immediately followed by chemical cauterization of the lateral horn of the nail matrix. The most common chemical cauterant used is phenol, also known as carbolic acid. Others have used 10% sodium hydroxide with similar results. The technique will be elaborated upon during this lecture presentation.