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TREATMENT OF INGROWN NAIL IN ADOLESCENCE

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Resume

The paper presents an analysis of the results of treatment of children with ingrown toenails. Over the past twenty years, 121 children aged from 4 to 17 years have been treated at the Republican Scientific Center for Medical and Epidemiological Care in Tashkent. The clinical picture of the disease is described. Indications for surgical and conservative treatment are given.
Key words: ingrown toenail, children.

Relevance: Ingrown toenail in children is a common disease, occurring in 1.6-12% of patients who seek outpatient surgery. Damage to the nail phalanx of the toe deprives the child of the opportunity to wear comfortable shoes, and also affects his psyche [4]. Conservative methods of treating ingrown toenail in children do not eliminate the causes of the disease, therefore, do not always lead to recovery [3]. To date, more than 120 methods of surgery for this pathology are known [5], but the proposed methods do not always provide positive results, leading to relapses in 20-76% of cases, or are accompanied by complications that patients endure more severely than suffering from ingrown toenail [6]. Thus, the difficulties in treating ingrown toenail in children, a significant percentage of complications, the lack of a unified view on the prevention of complications make this problem relevant.

Purpose of the study: Improving the results of surgical treatment of children with congenital insufficiency by using an improved surgical treatment technique.

Material and methods. We have comparatively studied the data of the traditional method of treatment with removal or marginal resection of the nail plate with ingrown nail in children and the improved plastic treatment method. The patients of the first group consisted of 45 children, the second group - 76 children with ingrown toenail. Patients of the first group were treated in different outpatient and polyclinic conditions of the regions of the republic and in Tashkent. In addition to examination, the patients were given determination of the degree of ingrown nail in children, study of general clinical tests, a detailed blood test, ultrasound.

Results. In terms of age, the patients in the first and second groups were equivalent. The age of the children ranged from 11 to 17 years. There were 71 boys (58.7%), 50 girls (41.3%). Unilateral lesions were found in 89 (73.5%), bilateral lesions were found in 22 (18.2%). The frequency of admission increased in autumn and winter, which was present in 84 (69.4%) patients. This is due to the seasonal change of new and tight shoes. The main complaints of these children in 80 cases were acute pain, swelling and hypertrophy of the soft tissue around the nail fold. In case of complications: hyperemia, purulent discharge from the finger wound, sometimes an increase in body temperature, and limitation of movement due to pain syndrome.

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When studying the anamnesis, the cause of an ingrown nail in children was a semicircular excision and cutting of the nail. Most patients had body type features, thickened soft tissues of the big toes, and when wearing shoes, the soft tissues from the plantar-lateral surface rise up and cover the nail plate. In 14 patients, a change in the shape of the ridge around the big toes was observed from infancy.

In patients with an ingrown nail of the first group in the anamnesis, in 35 cases the nail plate was removed, of which 18 patients had it three times, and 15 patients had it twice. The rest had marginal repeated removal of the nail plate with the matrix. Due to repeated removal of the nail plates, 40% had thickening and deformation of the nail plate. Almost all patients in the first group experienced a feeling of fear due to long dressings after removal of the nail plate and the possibility of repeated surgical intervention. In the etiopathogenesis of ingrown nails in children, soft tissues around the nail fold hypertrophy, covering the ends of the nail, and frequent improper cutting contributes to the growth of the nail plate towards the soft tissues. Taking this into account, we decided to modify the surgical treatment technique.

The surgical technique is performed after the exacerbation process has subsided. Patients are prescribed local dressings with a hypertonic solution of sodium chloride 2 times a day, only on the area of severe inflammation. Antibiotics are administered orally, intramuscularly if necessary, and local baths with antiseptic solutions. The patient must remain in bed until the inflammatory process subsides. Physiotherapy procedures are prescribed. Even after the acute process has subsided, hypertrophied tissue is observed around the nail fold.

The essence of the technique is wedge-club-shaped resection of hypertrophied soft tissues of the finger under local anesthesia. The wound is sutured with catgut nodal sutures. In the immediate postoperative period, in 2 cases, due to failure to comply with bed rest after the operation, edema and suppuration of the wound were observed. In one case, bleeding. After conservative measures, everything was stopped, there is no exacerbation.

In the given modified method of treatment for ingrown nails, in the study of remote results, all patients showed good results. Relapse of ingrown nails in children was not observed.

Conclusions. Thus, the modified method of surgical treatment for ingrown nails in children gives very good results, no recurrence of the disease.

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