

## Innovations

# An innovative technique – How to relieve pain in omega pincer nail?

Muhammed Mukhtar, MD

Department of Dermatology, Mukhtar Skin Centre, Katihar Medical College Road, Katihar, Bihar, India.



**\*Corresponding author:**  
Muhammed Mukhtar,  
Department of Dermatology,  
Mukhtar Skin Centre, Katihar  
Medical College Road,  
Katihar - 854105, Bihar, India.  
drmmukhtar20@gmail.com

Received : 30 October 2022  
Accepted : 07 November 2022  
Published : 16 November 2022

DOI  
10.25259/CSDM\_134\_2022

Videos available online at  
[https://doi.org/10.25259/  
CSDM\\_134\\_2022](https://doi.org/10.25259/CSDM_134_2022)

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## PROBLEM

Pincer nail (PN) is a chronic painful nail disorder caused by pressure from an over-curved, thicker distal nail plate on the soft nail bed, and its gutter. PNs are classified as omega, tiled, or plicated based on the position and degree of the curve of the nail. The etiology of PN and its treatment is still unknown. It is, however, a genetic condition, and it is connected with exostosis in roughly 1% of cases. An X-ray of the toe should be obtained before deciding on a treatment plan to rule out bone disease. The most frequent conservative treatment is nail cutting.<sup>[1]</sup> A variety of less invasive procedures and treatments have been used.<sup>[2-6]</sup> We aimed to propose a unique minimally invasive way for altering the curve of PNs to ease pressure and discomfort on nail gutter and its bed.

## SOLUTION

The procedure is divided into three steps for palliative pain relief of omega PN. These are as below:



**Figure 1:** (a and b) The changes in width of the nail plate.

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**Pre-procedure**

First of all, an X-ray of the toe is obtained to rule out any bone disease. The center section of the nail is cut or sliced in inverse

of V or U shape with a pincer or a blade after the nail has been thinned down and softened with topical keratolytics (salicylic acid 12% with lactic acid 16.66%) under occlusion for 10 days.

**Procedure**

The curved ingrown nail plate is grasped firmly with a mosquito hemostat on one lateral side and isolated, without use of local anesthesia, from its bed under asepsis [Video 1]. The procedure is repeated on other side in that great toe nail, and other great toe nail if required. The gutter and bed are then treated with 4–5 drops of cyanoacrylate glue. The glue gets set in 5–10 min.

**Post-procedure**

The glue hardens the soft nail bed, blunts the nail plate, and raises up the nail plate. The width and curvature of the distal nail plate assume almost normal shape after the chemical splinting technique [Figures 1a, b and 2a, b]. As a result, the patient gets palliative pain relief. For 3 months, the patient was reviewed every 10 days, and if required, a touch-up



**Figure 2:** (a and b) The changes in curvature or height of the nail plate.



**Figure 3:** (a-f) Different steps of the pincer nail splinting with the glue.



**Video 1:** The procedure of isolation of ingrown nail of plicated pincer toenail from its gutter before application of glue without use of local anesthesia. Video is accessible from the portal.

(treatment with glue) was performed [Figure 3a-f]. The cured glue usually lasts for 2–4 weeks or more on the nail plate (as compared to nail bed and gutter for 2–4 days or less) because the exfoliation turnover of a hyperkeratinized nail plate is substantially slower than that of nail bed. Post-treatment, the patient should take usual precautions. This method was used to treat three such healthy persons with PNs, and all patients were pain free during the follow-up period. There were no allergic and thrombotic complications noticed. As a result, cyanoacrylate glue may be a low cost and simple solution for relieving pain of PNs. A complete case–control study, on the other hand, should be carried out to evaluate the technique's efficacy in providing patients with long-term relief.

### Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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**How to cite this article:** Mukhtar M. An innovative technique – How to relieve pain in omega pincer nail? *CosmoDerma* 2022;2:114.