

Innovations

Biopsy punch-assisted lateral nail plate onychotomy for ingrown and pincer toenails

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PROBLEM

Ingrown and pincer nails are hyperkeratotic, hard, thick, and curved, causing pressure and pain in the gutter. Patients are frequently given relief through lateral onychotomy or wedge resection. Excision of an onychocryptic nail, on the other hand, is difficult with nail cutters, surgical instruments, and razor blades and is frequently accompanied by finger and toe soft-tissue cut injuries. We proposed a novel and simple technique for onychotomy of ingrown toenails.

SOLUTION

For wedge resection of the distal part of the lateral nail plate (onychotomy) of ingrown and pincer toenails, a 3 mm or 4 mm biopsy punch is used depending on the thickness of the nail plate. The punch is placed on the ingrown portion of the nail after isolation of soft tissue, and a gentle twisting force is exerted laterally outward to resect the nail plate while retaining the ingrown nail and not soft tissue in the rim of the punch [Figures 1 and 2, Video 1]. Thus, a biopsy punch-aided



Figure 1: A biopsy punch (4 mm) is placed on the distal part of ingrown lateral nail plate facing outward for wedge onychotomy.

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Figure 2: The ingrown nail is resected out.



Video 1: The ingrown nail is being cut.

onychotomy of the ingrown distal part of the lateral nail plate is a straightforward and successful method that can be an easy palliative method of relieving pain from the ingrown nail. However, because patients may not use it specifically for toenail onychotomy, biopsy punch-assisted lateral ingrown nail onychotomy requires assistance.

Declaration of patient consent

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

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Conflicts of interest

There are no conflicts of interest.

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