Pledgets in ingrowing toenails

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SUMMARY Eighty children had cotton wool pledgets inserted under the nail corner for ingrowing toenails. Success was achieved in 44 (72%) of the 61 children followed up for a mean of 2.5 years. Appearance was excellent and compliance high. Initial insertion under anaesthesia improved the results, and chronicity did not adversely affect the outcome.

The varieties of treatment, often radical and disfiguring, for ingrown toenails underline the unsatisfactory management of this common, disabling, and underestimated condition. A conservative treatment method would be preferable. Ingrown toenail is common in children and results in loss of school hours, impairment in sports and play, and repeated medical visits. The idea of raising the ingrowing nail edge from the side nail groove, by various methods, is not new, but has been reported only in adults.

We reviewed the use of cotton wool pledgets for ingrown toenail in a paediatric population.

Patients and methods

We reviewed the case histories of patients referred to a single consultant in two paediatric hospitals who had toenail problems during 1979 to 1984, and we selected for study those with ingrown toenail. Their histories, precipitating factors, infection, inpatient stay, acceptability of treatment, and outcome were recorded. Patients were followed up by questionnaire, telephone, and a special follow up clinic.

The treatment used was standard: under general anaesthesia the nail and surrounding skin was cleaned, pus was drained, and the ingrowing nail corner raised by a small, chlorhexidine soaked, cotton wool pledge (figure). Thirty six hours later the pledge was changed. The analgesic, mefenamic acid, was given orally for an hour beforehand. The foot was soaked in chlorhexidine and cetrimide (Savlon), the pledge was removed and a new one reinserted with the help of any fine blunt instrument. The pledge was initially changed twice daily. Subsequent changes were easier, less painful, and did not require analgesia. Children (or parents) were trained in this insertion and allowed home once they were proficient. Pledgets were continued until the nail had grown beyond the side groove. Success was defined as a painless toenail which was not ingrowing and had a normal appearance.

Results

Eighty patients had pledgets inserted for ingrown toenail during 1979 to 1984. Their age distribution was: 0–4 years, two patients; 5–10 years, 17 patients; 11 years, nine patients; 12 years, 24 patients; and 13 years, 28 patients. The ratio was two boys to one girl. The duration of the ingrown toenail was less than two months in 24 children, greater than two months in 26 children, and of an uncertain duration in 30 children. Right and left sides were equally often affected, and 14 children had bilateral ingrown toenail. The lateral border was twice as often affected as the medial. The mean hospital stay, for treatment and training in pledge insertion, was four days. Altogether 64 patients had general anaesthesia for the initial insertion. Of 10 patients with a history of ingrown toenail, four had had surgery.

The mean duration of follow up was 2.5 years. Sixty one patients were available for follow up, and success was achieved in 44 (72%), 13 required surgery, and four had some remaining problems. Treatment was acceptable to 47 patients (77%), unaccepterable to 10 (16%), and uncertain in four. Of 19 patients lost follow up, 10 were doing well when last reviewed, two had failed, one died (of an unrelated cause), and six were of uncertain result.

Figure Infected ingrowing toe nail (left); pledge inserted under ingrowing nail edge (right).
Acrodermatitis chronica atrophicans

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SUMMARY Two cases of acrodermatitis chronica atrophicans associated with Borrelia burgdorferi infection are reported; to our knowledge these are the first cases reported in children.

Lyme disease is a complex multisystem disorder which usually begins with erythema chronicum migrans, a creeping annular erythematous skin lesion. Weeks to months later some patients develop meningitis, cranial or peripheral neuropathies, myocarditis, or arthritis. The illness is caused by the tick borne spirochete Borrelia burgdorferi. Because acrodermatitis chronica atrophicans is also associated with B burgdorferi infection, it is now considered to be a late manifestation of Lyme disease. Acrodermatitis chronica atrophicans is usually seen in adults aged 30 to 60 years; we now report two cases in children.

Case reports

Case 1
A 10 year old boy was referred because of darkened