

## Ingrown Finger Nail—A Lesser Known Entity

Dear Editor,

Ingrown toenails are a common problem encountered in dermatology practice. They are caused by three major factors—excessive transverse curvature of the nail plate, maceration of the gutter and external pressure over the toe nail. In addition, the hard hyperkeratotic transversely over-curved nail plate exerts pressure and its spicule causes penetrative injury to the nail gutter under the influence of external pressure caused by running, tight fitting shoes, standing on toes etc., making the condition worsen.<sup>[1]</sup> All these factors make toes more vulnerable to having ingrown nails as compared to fingers nails.

However, we have been seen few cases of ingrown fingernails in our dermatology out patient department.<sup>[2]</sup> There is a lack of scientific data on the incidence of ingrown nails on fingers. As per a recent report, finger ingrown nails were more commonly found in patients receiving epidermal growth factor receptor inhibitors (which leads to epidermolysis and easy maceration of the nail gutter).<sup>[3,4]</sup> In addition, there are some others drugs which may cause paronychia, excessive nail fold granulation tissue (pseudopyogenic granuloma) and eventually ingrown nail development, for example, cyclosporine, docetaxel, doxorubin, oral antifungals, lamivudine, indinavir, ritonavir, azidothymidine, vandetanib, capecitabine, cetuximab, giftinib, and retinoids.



**Figure 1:** Ingrown finger nail in the initial stage is cut and removed from the gutter

The main predisposing causes of ingrown finger nails may be occupation related, such as external pressure of the nail plate on its gutter during writing with the middle and ring finger, stitching, sewing, opening and shutting sliding windows, typing, vegetable cutting etc. It has been observed that ingrown finger nails are more common in the ring and middle fingers than in the index finger, which may be due to the fact that the ring and middle finger nails are more curved as compared to the index finger. Many patients diagnosed with finger nail paronychia on the distal lateral end may have ingrown nails, which might have been overlooked in the initial stage [Figure 1]. So, a careful examination of the finger nail is a must in all cases of distal end paronychia of the finger nail [Figure 2]. A change in the way fingers are used and avoiding repeated trauma in day-to-day activities are necessary for remission in such cases.

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### Conflicts of interest

There are no conflicts of interest.

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**Figure 2:** Ingrown finger nail with pseudopyogenic granuloma

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## REFERENCES

1. Heidelbaugh JJ, Lee H. Management of the ingrown toenail. *Am Fam Physician* 2009;79:303-8.
2. Mukhtar M. An innovative treatment for grade 1 stage of ingrown fingernail. *Indian Dermatol Online J* 2021;12:778-9.
3. Chabchoub I, Litaïem N. Ingrown toenails. 2022. In: StatPearls [Internet]. Treasure Island, FL: StatPearls publishing; 2022.
4. Olamiju B, Bhullar S, Coleman EL, Leventhal JS. Management of paronychia with pseudopyogenic granulomas secondary to epidermal growth factor inhibitors: An assessment of topical timolol and the need for multiple and procedural therapies. *J Am Acad Dermatol* 2021;84:806-8.

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