



A PROSPECTIVE STUDY ON MANAGEMENT OF COMMON NAIL DISORDERS AT BUNDELKHAND MEDICAL COLLEGE, SAGAR.

General Surgery

Dr Akhilesh Ratnakar	MBBS, MS General Surgery, Associate Professor, Department Of Surgery, Bundelkhand Medical College, Sagar M. P.
Dr Lav Gupta	MBBS, DNB General Surgery, FMAS Assistant Professor Department Of Surgery, Bundelkhand Medical College, Sagar M. P.
Dr Surendra Padariya	MBBS, MS Orthopedics, Assistant Professor, Department Of Orthopedics, Bundelkhand Medical College, Sagar M. P.
Dr Megha shyam	MBBS, PG Resident General Surgery, Department Of Surgery, Bundelkhand Medical College, Sagar M. P.

KEYWORDS

Nail conditions are not only of aesthetic concerns, more over nail changes may be a clue to an underlying systemic diseases or infection. Without timely treatment, nail diseases can continue to worsen and significantly impair performance of daily activities and reduce quality of life. Examination of the nails is essential at every medical visit, and may uncover important findings. Brittle nail syndrome, onychomycosis, paronychia, nail psoriasis, longitudinal melanonychia, Beau's lines, onychomadesis and retronychia are common nail disorders seen in clinical practice. These conditions stem from infectious, inflammatory, neoplastic and traumatic aetiologies. Though each nail condition presents with its own distinct characteristics, the clinical findings may overlap between different conditions, resulting in misdiagnosis and treatment delays. Patients can present with nail plate changes (e.g. hyperkeratosis, onycholysis, pitting), discolouration, pain and inflammation.

The diagnostic work-up of nail disease should include a detailed history and clinical examination of all 20 nail units. Dermoscopy, diagnostic imaging and histopathologic and mycological analyses may be necessary for diagnosis. Nail disease management requires a targeted treatment approach. Treatments include topical and/or systemic medications, discontinuation of offending drugs or surgical intervention, depending on the condition.

Patient education on proper nail care and techniques to minimize further damage to the affected nails is also important. This article serves to enhance familiarity of the most common nail disorders seen in clinical practice. It will highlight the key clinical manifestations, diagnosis and treatment options for each nail condition to improve diagnosis and management of nail disorders.

Aims-

To study the common clinical presentation and management of nail diseases at Department of General Surgery, Bundelkhand medical college, Sagar, Madhya Pradesh.

Objectives:

1. To study the clinical presentation of nail diseases.
2. To study the management of the nail diseases.

MATERIALS AND METHODS

The study was conducted by a prospective analysis of the 80 patients who presented with complaints related to nail pathology surgical out patient department at the Department of General Surgery, Bundelkhand medical college Sagar,

Inclusion

All patients presenting with complaints relating to nail pathology and giving consent to the study are included.

Exclusion

1. Patients who are not giving consent to the study are excluded.

All patients were explained about the study and were consented before participating. All patients are subjected to detailed history taking and physical examination. Following which management was made on clinical grounds.

RESULTS AND DISCUSSION

Presentation	Number of patients	Percentage
Acute pain at nail.	16	20%
Chronic pain at nail.	24	30%
Acute pain at nail associated with Pus discharge at nail region.	8	10%
Trauma at nail	19	23.75%
Discoloration of nail	13	16.25%

Diagnosis	Number of patients	Percentage
Paronychia	24	30%
Ingrown toe nail	24	30%

Traumatic nail injury	19	23.75%
Onychomycosis	13	16.25%

Management	Number of patients managed medically	Number of patients managed surgically
Paronychia	16	8
Traumatic nail injury	0	1G
Onychomycosis	8	5
Ingrown toe nail	0	24

Paronychia –

We encountered 24 patients diagnosed with Paronychia. All the patients presented with severe acute pain at nail and 8 patients had an additional complaint of pus formation at nail. 16 patients were managed conservatively with oral antibiotics for 5 days and 8 patients were subjected to Incision and drainage followed by oral antibiotics and symptomatic management for 3 days. All patients recovered completely within 3 to 4 days without any complications.

Ingrown Toe Nail –

24 patients were diagnosed with ingrown toe nail. All the patients presented with chronic pain at toe nail which was aggravated on walking. All the patients were managed surgically by Nail excision followed by symptomatic and supportive management. All the patients recovered well within a week without any complications.

Nail Trauma-

A total of 19 patients were diagnosed with a traumatic nail. All the patients presented with severe pain at nail ,7 patients had blackish discoloration at nail and 12 patients had nail avulsion. All the patients were subjected for nail excision followed by oral antibiotics and symptomatic and supportive management. All the patients recovered well within a week without any complications.

Onychomycosis-

13 patients were diagnosed with onychomycosis. All the patients had complaint of discolouration of nail. 8 patients were managed medically with oral antibiotics, anti fungal medication and 5 patients were managed surgically by Nail excision as the nail structure was completely destroyed. All the patients recovered well within a span of 4 to 5 days without any complications.

CONCLUSION

Nail diseases are common case seen in the outpatient department which can be treated in the out patient department itself. This is a prospective study comprising of 80 cases of nail diseases managed at out patient department of general surgery, Bundelkhand Medical College and Hospital during the period of April 2024 to September 2024. Paronychia and Ingrown nail were the common cause followed by Nail trauma . Chronic Pain at nail was the Most common presenting symptom followed by traumatic pain at nail. 30% patients were managed conservatively, while the rest required surgical management.