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## ***Ingrown Toenails***

One of the most common toenail problems is the “ingrown nail”. The medical terminology for this is onychocryptosis (very impressive and sounds like a big deal).

The ingrown nail is usually due to either, a wide nail, a curved nail, pulpy flesh at the nail border or pressure from footwear or adjacent toe onto the nail border. This can become inflamed and often infected. Treatment consists of trimming and removing the offending nail border and occasionally antibiotics are prescribed if infection is present.



The above represents a rather severe problem but the toe does not have to look like this to be problematic. Often a mild non noticeable ingrown nail can be just as painful.

Permanent correction includes removing the offending nail border along with the growth plate region responsible for the distorted shape, so the likelihood of return is extremely minimal. There are several methods for this and the appropriate technique will depend on the nail shape, infection, amount of nail and tissue etc. This will be discussed by the podiatrist. The procedure can be performed with local anaesthesia but some may choose to have general anaesthesia. It is a surgical procedure with a good outcome.

The procedure can be performed in the rooms but more complex nails or if general anaesthesia is preferred, the hospital outpatient setting is required. Approximately 80% of sufferers of this condition choose or require this procedure.

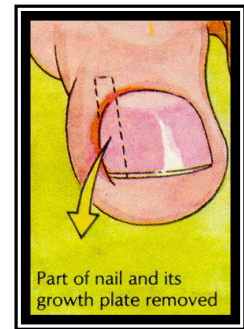
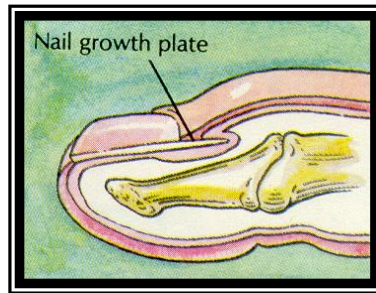
Some ingrown nails also have a complicating factor with a small area of excess bone growth under the nail. Again, this will be assessed by the podiatrist and x-rays may be required to evaluate this. This small bony prominence is called a “sub unguis exostosis or osteochondroma” and usually causes the nail to become extremely curved. If present, this small mass is best being removed surgically.

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**Fungal Infection**

Fungal infection of the nail is termed “onychomycosis”.

It is a condition, which produces problems from simple nail discoloration through to a thickened, brittle and crumbly appearance. Usually this is not painful but a secondary infection may also occur, producing inflammation at the nail borders and toe. Often there can be fungal influence between the toes (tinea) or the condition may affect either one or multiple nails. Multiple fungal organisms have been identified with some being more resistant than others.

Treatment consists of adequate diagnosis, removal of the offending fungal tissue, possible confirmation with laboratory testing and either topical or oral anti fungal medications. Occasionally, the nail may be required to be removed to give it the best chance to re grow without infection. This condition may prove stubborn to resolve.

Laser or photodynamic light therapy is also a method in treating nail fungal infections. This is a painless process requiring no medication where the fungus is destroyed via the specific light frequency used in treatment.

CentrePod Podiatrist can assess and assist with this problem.



**Other Nail Problems**

These include conditions such as Psoriasis, Eczma, Trauma, Splitting, Bacterial infections, Clubbing, Other discoloration, Melanoma etc.

The Podiatrist will determine the likely diagnosis and referral may be required in some cases to exclude other causes.