Medical and Surgical Management of Nail Disorders
F092

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Diagnosis: Retronychia

- AKA Proximal Ingrowing of the Nail, Posterior Embedding of the Nail
- Trauma disturbs the longitudinal growth of the plate
- Results in multiple generations of nail plate misaligned beneath the proximal plate
- Presents as PNF paronychia, pain, granulation tissue
- Treatment: Avulsions, anti-inflammatory medication
- Culture if any concern for secondary infection
• 2008 case series
• 19 cases over an 8 yr period
• Mean age=39 (range 14-71)
• 11/19 (58%) gave hx preceding trauma or systemic illness w/Beau’s lines
• 16/19 (85%) were women
• 16/19 were toes all of which were great toe, 3/19 were bilateral
• 3/19 were hand, 2 of those 3 were thumb only, 1 of 3 was thumb + index
• All w/cardinal features of proximal paronychia, elevation of proximal plate such that it was higher than distal edge
• In most the plate was thickened and yellow
• Granulation tissue present in 6/19 (32%), most often at lateral horn
Fig 4. The evolution and features of retronychia.
Conclusions

• Retrornychia is a painful proximal ingrowing of the nail plate
• Pathophysiology thought to be trauma that separates matrix & plate
• Then as a new nail grows it pushes old one upward
• This causes inflammation of the PNF
• Observations by surgical authors including tighter than usual adherence of plate to bed and laxity of PNF
• Treatment is complete nail avulsion
• Infrequently, secondary infection may complicate retrornychia
• Culture will identify unusual organisms that may require prolonged Rx
Thank You!

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