Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Removal of Subungual Foreign Bodies

To the Editor:

Most physicians engaged in primary care will occasionally encounter the problem of wood splinters, thorns, or other similar foreign bodies lodged beneath the fingernail. Attempts at removal from this location can be painful and traumatic for the patient, and frustrating or time-consuming for the physician. The problem is commonly made more difficult by the fact that attempts to remove the foreign body prior to seeking medical attention usually have resulted in the breaking off of any portion remaining beyond the tip of the nail and/or driving the subungual portion well beyond the reach of most common office instruments. Standard solutions to this problem often involve splitting or removal of a portion of the nail, separation of the nail from the nail bed, and frequently require local anesthesia, such as a digital block.

An alternative approach, which has proved effective on four successive attempts, is atraumatic and has not required an anesthetic, even with small children. The method involves fashioning a tiny hook from a 25- or 27-gauge hypodermic needle. This is accomplished by carefully bending the tip with the aid of a small hemostat or needle holder. The length of the barb produced should be about equal to the diameter of the needle. This small instrument can then be atraumatically introduced along the same subungual track made by the foreign body until a portion of the object can be snared and slowly withdrawn or teased out from under the nail. The smaller the size of the barb, the more direct the angle of force when traction is applied. The only other requirement is a certain degree of patient cooperation. The time involved has usually been no more than a few minutes.

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