Hydrocolloid dressing application for the treatment of pediatric onychodystrophies

Solomon Geizhals, BA,[a] Christine T. Lauren, MD,[b] and Shari R. Lipner, MD, PhD[c]
Brooklyn and New York, New York

Key words: adhesive; adjunctive treatment; compliance; hydrocolloid; nail split; nails; onychodystrophy; pediatric.

CLINICAL CHALLENGE

Nails serve a number of important functions. They contribute to dexterity and tactile sensation and act as a physical barrier against traumatic injury. Healthy-appearing nails are also important for self-image and social interactions. Children are often more impressionable and sensitive than adults, and the long-term effects of poorly treated nail pathology may be detrimental to their daily functioning and social lives. Resolution of a nail plate split secondary to trauma requires that the nail be protected from further insult as the new nail grows, which is a process that may take several months. Treatment of pediatric onychodystrophy is often challenging because patients may lack the maturity to comply with the long-standing treatments that are usually required in nail treatment regimens.[1]

SOLUTION

To assist with compliance in pediatric patients with nail splits secondary to trauma (Fig 1), we demonstrate application of a hydrocolloid dressing. After a strip of the dressing has been cut to cover the nail plate and hyponychium, it is applied to the affected nail (Fig 2). The dressing may stay in place for several days, and the process is then repeated when the dressing detaches. Advantages to using this dressing include its unobtrusive protective nature, small size, and water resistance and its ability to adhere to the skin and nail plate for several days. This approach is particularly useful in children whose nails are subject to frequent trauma from activity and who may not have the maturity to apply a protective dressing daily for several months.

Fig 1. Longitudinal split of the left great toenail of a 10-year-old girl.

From the State University of New York Downstate Medical School, Brooklyn[a]; Department of Dermatology, Columbia University Medical Center, New York[b]; and Department of Dermatology, Weill Cornell Medicine, New York.[c]
Funding sources: None.
Conflicts of interest: None disclosed.
Reprints not available from the authors.

Correspondence to: Shari R. Lipner, MD, PhD, Department of Dermatology, Weill Cornell Medicine, 1305 York Ave, New York, NY 10021. E-mail: shl9032@med.cornell.edu.
J Am Acad Dermatol 2019;80:e103-4.
0190-9622/$36.00

https://doi.org/10.1016/j.jaad.2018.10.009

Fig 2. A strip of hydrocolloid dressing is cut to size and applied to the left great toenail and hyponychium to protect against further trauma.

REFERENCE

1. Iorizzo M, Lipner S, Vlahovic TC. Nail dystrophy due to toe malposition in children. *Eur J Pediatr*. 2017;176(8):1089-1091.