

An Outcome of Traumatic Fingertip Amputation- “The Hooked Nail”

A 28-yr-old male, presented with a painful deformed nail over the left index finger since 6 months. He had sustained a road traffic accident one year ago leading to a lacerated wound which was sutured at a local hospital. Examination revealed a dorsoventrally curved nail plate covering the tip and extending up to the pulp of the finger; distal phalanx was shortened. This resembled the head of a hook nail [Figures 1a-d and 2a, 2b]. Hooked nail usually develops after a traumatic amputation of the distal phalanx; this leads to loss of bony support to the nail



Figure 1: Hooking of the nail dorsoventrally over the left index finger, with normal cuticle, and proximal nail fold. The distal phalanx appears shortened, with visible scars (c) over the dorsa of the distal phalanx suggestive of previous trauma. The deformed nail is depicted in the lateral (a and b), dorsal (c), and ventral (d) views

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bed.^[1] The nail matrix is pulled over the end of the bone causing hooking. The nail plate that arises from this matrix follows the course of the nail bed. Hooked nail can be prevented by V-Y advancement flaps/triangular osteocutaneous flaps.^[2] Asymptomatic hooking can be managed by a prosthesis (pillet hand or sub-minidigital) whereas surgery is indicated for symptomatic cases.^[3-5]

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Conflicts of interest

There are no conflicts of interest.



Figure 2: The curved nail plate (a) is analogous to the head of a hook nail (b)

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References

1. Kumar VP, Satku K. Treatment and prevention of "hook nail" deformity with anatomic correction. *J Hand Surg Am* 1993;18:617-20.
2. Garcia-Lopez A, Laredo C, Rojas A. Oblique triangular neurovascular osteocutaneous flap for hook nail deformity correction. *J Hand Surg Am* 2014;39:1415-8.
3. Koshima J, Soeda S, Takase T, Yamasaki M. Free vascularized nail grafts. *J Hand Surg Am* 1988;13:29-32.
4. Pillet J, Didearjean-Pillet A. Ungual prosthesis. *J Dermatol Treatment* 2001;12:41-6.
5. Beasley R W, de Bez G. Prosthetic substitution for finger nails. *Hand Clin* 1990;6:105-12.