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RETROSPECTIVE ANALYSIS OF SURGICAL TREATMENT OF ONYCHOCRYPTOSIS IN CHILDREN

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Relevance. Onychocryptosis (ingrown toenail) is one of the most common reasons for contacting a pediatric surgeon. Despite the improvement of surgical methods, the disease often recurs, affecting the child's quality of life. The issues of etiology, pathogenesis and prevention of ingrown toenails in children remain relevant. **Purpose:** to determine the causal relationships between onychocryptosis and predisposing factors, identify risk groups among children, and develop preventive recommendations.

Materials and methods. The study conducted a retrospective analysis of twenty clinical cases of ingrown toenails in 9 to 17 years children who were hospitalized in the pediatric surgical department of the Multidisciplinary Clinic of the Tashkent Medical Academy for the period 2024. The medical history, clinical picture (according to the classification of A. Martinez-Nova), macroscopic anatomy of the nail plate (according to D.R. Kiriakis), the presence of orthopedic pathologies were studied. The treatment was performed using the Schmieden method of marginal resection of the nail plate.

Results. Analysis of the collected data allowed establishing the following risk factors of onychocryptosis in children: orthopedic foot pathologies (hallux valgus deformity, flat feet) — 50% of patients; anatomical features of the nail plate structure predisposing to ingrowth — 70%; overweight — 25%; hygiene disorders and wearing uncomfortable shoes – 30%. In addition, 6 patients had previously undergone surgical treatment for onychocryptosis, which confirms the high probability of recurrence. Surgical intervention was performed after the acute inflammatory process subsided and included marginal resection of the nail plate according to Schmieden without suturing, which minimized tissue injury and reduced the likelihood of reingrowth. In the postoperative period, patients reported moderate pain in the first hours after surgery, but in most cases did not require additional anesthesia. The average hospital stay is 3 days.

Conclusion. The results of the study allow identifying the criteria of the risk group. The main criteria are orthopedic pathologies of the lower extremities, features of the anatomical structure of the nail plate; secondary criteria are improper hygienic foot care, the presence of concomitant diseases. For prevention, it is necessary to identify children at risk, orthopedic correction and consultation patients with a predisposition with a podologist.

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