INTRODUCTION

The major objectives in carrying out nail surgery are to obtain diagnosis, therapeutic or prognostic information by nail biopsy, treatment of nail tumours, for pain relief, and to repair or correct congenital and traumatic deformities ***(Baran and Kechijian, 1989)***.

The nail apparatus component are nail plate, proximal nail fold, lateral nail folds, lunula, nail matrix and hyponychium.

The main function of the nail apparatus is to produce a strong, keratinous nail plate over the dorsal surface of the end of each digit ***(Dawber and Baran, 1992)***.

Surgical disorders of the nail apparatus are acute and chronic paronychia, benign tumours, malignant tumours, repeated injuries as ingrowing toe-nail and developmental anomalies ***(Dawber and Baran, 1992)***.

Clinical diagnosis in nail tumour is often difficult because of traumatic factors, presence or absence of pigmentation and also common tumours well recognized in other sites are difficult in diagnosis in nail apparatus.

In this reason X-ray should be carried out on all swellings in or around the nail apparatus *(Dawber and Baran, 1992)*.

Magnetic resonance imaging with high and very high resolution help in resolving several existing diagnosis *(Goettmann et al., 1994)*.

Surgical procedures in nail apparatus varies according to the type of the disease and the aim of the surgery which may be nail biopsy, partial nail removal, avulsion of the nail plate, excision of tumours and drainage of collected pus *(Dawber and Baran, 1992)*.

AIM OF THE WORK

The aim of this essay to discuss the surgical disorders of the nail apparatus and their management.