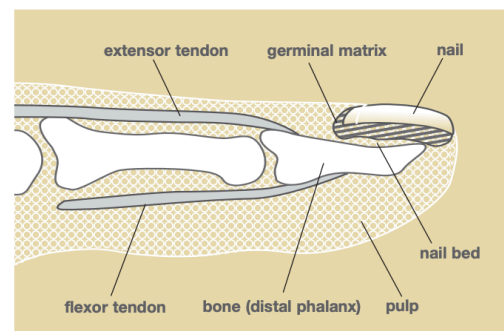




What are fingertip injuries?

The tip of the finger is comprised of many structures – all of which can be damaged when the finger is injured. These include the nail ('nail plate') and the underlying 'nail bed', which is responsible for the growth and quality of future nails. There is also bone, tendon, and pulp (skin and fat) in this area. The pulp skin is specialised, and the extra nerve endings allow us to carefully and precisely interact with the environment around us. Thus, if this specialised skin is extensively damaged, exact replacement may be difficult.



What causes fingertip injuries?

These injuries are very common. Young children may have their finger 'jammed' in a door or window; whereas adults are more likely to sustain this injury at work or during manual labour. The typical injury is a 'crush', but sharp lacerations, or bites may also occur.

How are they evaluated?

As always, an awareness of our patients' occupation, lifestyle, and other medical conditions will help us to decide upon the best treatment options. The mechanism of the injury will also give us clues as to what structures may be damaged in the injury. Examining the tip will inform us of change in sensation or vascularity. The inability to move the tip may indicate a tendon injury, whereas blood under the nail indicates damage to the nail bed. X-Rays can check for any fractures of the bone.

How are they treated?

Treatment is guided by the injured components of the fingertip. If the nailbed is injured, it can usually be cleaned and sutured, and this typically involves temporarily removing the overlying nail plate. When there is missing skin and pulp fat from the tip of the finger, there are multiple options available, and these are tailored to the patient. Smaller defects may be cleaned, and dressings applied until the wound heals by itself. Larger defects may need small skin grafts (from the hand, arm, or groin) or a local 'flap' (moving skin around the finger / fingers) to cover the defect. Fractures usually don't affect the strength or alignment of the fingertip, and repairing the skin around them will allow for normal healing; but in some instances temporary wires can be used to hold the bony fragments together. Sensitivity in the fingertip may occur, and can last for many months. The contour of the pulp may be different to the highly specialised pulp form of an uninjured finger. Nail bed injuries have varying quality of subsequent nail growth, and this is dependent on the nature and extent of the injury.