

ABSTRACTS:

American College of Foot Surgeons' 50th Annual Meeting¹

A Half Century of Quality Foot and Ankle Surgery

Orlando, Florida—February 6–9, 1992

COMBINED CO₂ LASER AND PHENOL MATRICECTOMY, A 7-YEAR REVIEW

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Laser allows reduction of adjacent tissue damage, increased hemostasis, and the ability for deep penetration, especially for thick matrix tissue or cases where fibrotic tissue is present, as in a revision circumstance. It cannot, however, reach corner matrix tissues. The advantage of phenol is good hemostasis and nerve coagulation. It can easily cauterize around corners or on angles. Its disadvantage is limited ability to penetrate thick or fibrous matrices, and adjacent tissue damage is possible. By combining the two techniques, the weakness of one will be overshadowed by the strengths of the other. Also, less phenol may be utilized, as well as less use of the laser, to perform the same end result. The speakers experienced a 94% success rate with a 96% patient satisfaction rate. The laser is used at 15 watts with a 1-mm. spot size. Two 30-sec. applications of phenol follow cauterization with the laser. Corticosteroid ointment and gelfoam are applied postoperatively. The speakers do not suggest soaking the digits postoperatively with this combined procedure. Five hundred six patients were surveyed by means of questionnaire, of which 123 patients responded, representing 239 partial matricectomies. Fifty-six per cent of the patients were resurgeries. Recurrence rate was only 6%. Sixty-nine per cent of the patients reported mild discomfort, while 27% reported moderate discomfort. Four per cent had significant discomfort. Drainage in over 50% was only 1 to 2 weeks. Nineteen per cent drained for more than 5 weeks. Four per cent of the patients had disfigurement of the remaining nail. One procedure resulted in bacterial infection requiring antibiotics, and 1 bone infection resulted. The speakers suggest that a combined treatment provides a more predictable success rate.