

# AFP Clinical Answers

## Amenorrhea, Ingrown Toenails, Chronic Neck Pain, Infantile Hemangiomas, Fluoride Supplementation

### When and how should amenorrhea be evaluated?

Patients who have not reached menarche by 15 years of age (or three years post-thelarche) and those who have experienced cessation of regular menses for three months or previously irregular menses for six months should be evaluated. In addition to excluding pregnancy, serum follicle-stimulating hormone, luteinizing hormone, prolactin, and thyroid-stimulating hormone levels should be obtained.

<https://www.aafp.org/afp/2019/0701/p39.html>

### How should ingrown toenails be treated?

Surgical approaches are recommended for moderate to severe ingrown toenails to prevent recurrence. Equally effective treatments for ingrown toenails are partial nail avulsion followed by phenolization or direct surgical excision of the nail matrix. Partial nail avulsion with phenolization is more effective at preventing symptomatic recurrence than surgical excision without phenolization.

<https://www.aafp.org/afp/2019/0801/p158.html>

### Which noninvasive nonpharmacologic treatments for chronic neck pain improve function or pain?

Combination exercise (including three of four exercise categories: muscle performance, mobility, muscle reeducation, and aerobic) slightly improves function and pain in the short term (less than six months). Low-level laser therapy moderately improves function and pain in the short term. Acupuncture slightly improves function in the short and intermediate term (six to less than 12 months) but is not more effective than sham acupuncture for pain. The Alexander technique, a mind-body practice, slightly improves function in the short and intermediate term. Massage does not improve function in the short or intermediate

term. Physical therapist–led relaxation techniques do not improve pain or function when compared with no treatment or advice alone.

<https://www.aafp.org/afp/2019/0801/p180.html>

### What infantile hemangiomas require evaluation or treatment?

Although most infantile hemangiomas are self-limited, some are higher risk requiring immediate referral. Higher risk hemangiomas include facial, axillary, diaper area, or female breast locations, diameter greater than 5 cm, and the presence of five or more hemangiomas. Infants with hemangiomas need imaging only if there are signs of underlying structural abnormalities or diagnostic uncertainty. Oral propranolol is the first-line therapy for infantile hemangiomas.

<https://www.aafp.org/afp/2019/0801/p186.html>

### Who should receive routine fluoride supplementation?

Children six months to 16 years of age living in areas with inadequate fluoride in the water supply (0.6 ppm or less) should take a daily fluoride supplement.

<https://www.aafp.org/afp/2019/0815/p213.html>

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