



Median Nail Dystrophy of both Thumbs

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Keywords

Median Nail Dystrophy; Clinical; Dermoscopy; Treatment

Introduction

Heller's medial canaliform dystrophy (MCD) is a rare entity characterized by the paramedian crest formation of one or both thumbnails [1].

We report a case of a 13-year-old child who was used to biting thumbnails during several stressful events and diagnosed as medial ductal dystrophy of the thumbnail.

Case Report

A 13-year-old patient with a nail-biting history,

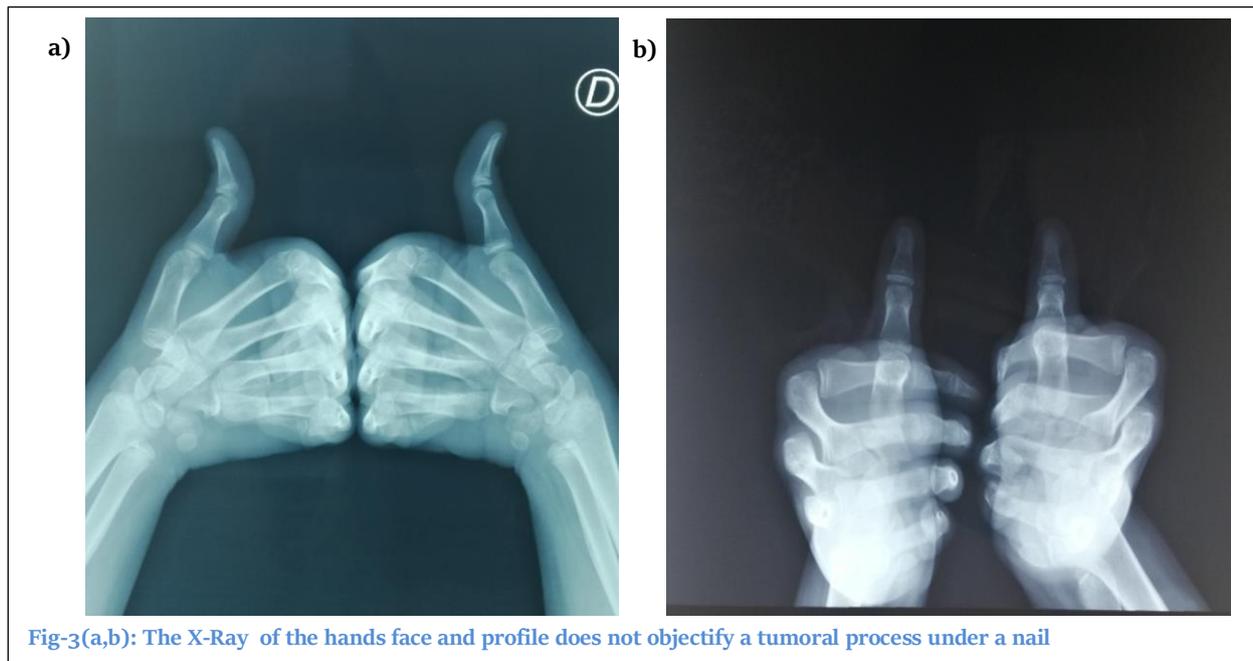
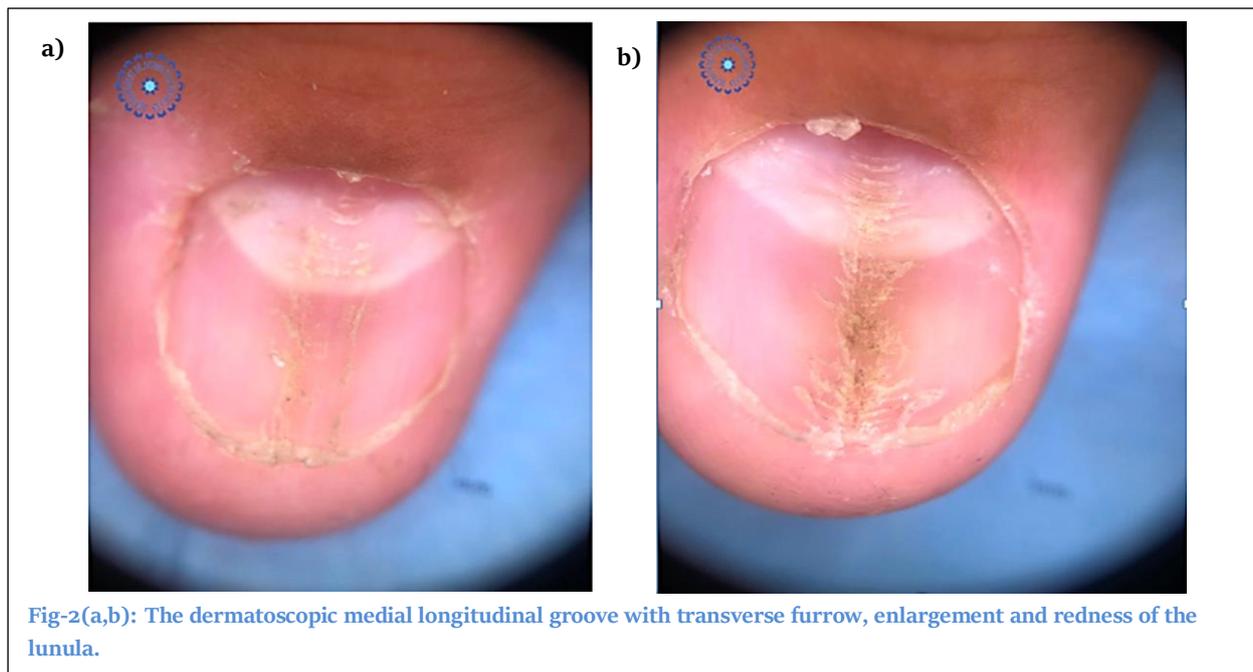


Fig-1: Median Nail Dystrophy of the Thumb Nail in bilateral.

increasing during stressful periods who presents the same nail lesion on both thumbs for 2 years. Clinically, it's described on both thumbnails as medial groove start from the proximal fold extending vertically to the distal edge of the nail (**Fig-1**), Dermoscopy objective one medial longitudinal groove with transverse furrows which could be compared to a Christmas tree shape, associated with enlargement and a redness of the lunula (**Fig-2**). The rest of the nails and the somatic examination were normal.

The diagnosis of medial nail dystrophy was established based on clinical observation, after eliminating every other similar disease like subungual skin tumors such as glomus tumors, myxoid tumors by a normal X-ray (**Fig-3**). Given the clinical and dermoscopic appearance typical of median canaliform dystrophy and to avoid dystrophy after surgery. We did not perform a biopsy for histopathological examination.

Treatment was based on the injection of triamcinolone acetonide into the matrix of the dystrophic nail, in association with cognitive-behavioral psychotherapy to prevent the treatment inefficiency and development of the dystrophy on



other nails. The evolution after 3 months was marked by an improvement of the proximal part of the nail and is always followed.

Discussion

Medial canaliform dystrophy (MCD) of Heller, also called dystrophy unguis median canaliform and nevus striatus unguis, is a pathology of the young subject, without predominance of sex [1]. The MCD presents clinically as a longitudinal canal cutting the nail in two, going from the cuticle to the free edge. The

dermoscopy show medial longitudinal groove with transverse furrows giving the appearance of a Christmas tree, enlargement and redness of the lunula can be seen as in our case. MCD is generally symmetrical and most often affects the thumb, although other fingers or toes may be involved [2].

The etiology is unknown, but it has been suggested that MCD is the result of a temporary defect in the nail matrix, subsequent to dekeratinization or focal infection, or self-inflicted trauma to the nail or nail

Case Report

bed, but also by nail tumors such as glomus and myxoid tumors [3], which was eliminated in our case by an X-ray of the face and profile hands.

Histopathology shows parakeratosis, an accumulation of melanin between the keratinocytes of the nail bed [4].

The treatment of medial ductal dystrophy of the nails is difficult, no treatment has shown its effectiveness [5].

We mention the injection of triamcinolone acetonide into the matrix of the dystrophic nail, but this therapeutic option is poorly tolerated. The other less invasive therapeutic option is the application of topical Tacrolimus 0.1% twice daily [3,4]. treatment of the underlying cause is essential, such as obsessive-compulsive or impulsive disorder, which requires specialized management [5].

Spontaneous remission is possible after several months or years, however, the disease may recur.

Conclusion

The medial canaliform dystrophy often misses diagnostic by the clinicians, whether it's by its rarity or by the asymptomatic character of the lesion. Think about the obsessive disorder and take care of it.

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None

Conflicts of Interest

There are no conflicts of interest.

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