

Nail Lichen Planus (LP)

Patient: T.A., a 16-year-old boy

Duration: 3 years

Distribution: Finger and toe nails

History: Asymptomatic nail changes that improved markedly after the intake of a full course of itraconazole, but recurred few months later.

Physical Exam: Onycholysis and mild subungual hyperkeratosis

Histopathology: Hyperkeratosis, hypergranulosis, saw-toothed hyperplasia and basal cell Vacuolization with a band-like mononuclear infiltrate hugging the dermoepidermal junction.

Laboratory: Nail culture: heavy growth of candida (not albicans)

Treatment: Intramuscular triamcinolone injection

Discussion:

Lichen planus limited to the nails is uncommon, and the initial involvement is followed in many cases by the development of typical LP lesions elsewhere on the body. Fingernails are usually affected more frequently than toenails, and LP may develop in all affected nails simultaneously, or may involve nails randomly.

Clinical findings include most commonly thinning, longitudinal ridging and distal splitting of the nail plate (onychoschezia). Longitudinal striation (onychorrhaxis), or even absence of the nail plate (anonychia) can also be seen. Pterygium is one of the classical findings of LP of the nails. "Idiopathic atrophy of the nails", is a term used to describe a subset of nail LP characterized by early and severe destruction of the nail matrix leading to progressive atrophy of the nail unit.

In children, LP affecting only the nails is infrequent. Very few biopsy-proven cases of childhood LP limited to the nails are reported. The concomitant presence of skin or mucosal lesions is not related to the severity or extent of nail involvement. In this category of patients, it can present with the clinical features of 20-nail dystrophy (trachyonychia).

Treatment includes systemic or intralesional administration of corticosteroids which is effective in treating the involved nails and in preventing permanent scarring. However, recurrences can occur.

References:

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3. Rich P. Nail disorders – diagnosis and treatment of infectious, inflammatory, and neoplastic nail conditions. *Med Clin North Am* 1998; 82: 1171-83.

