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DERMATOLOGICAL SURGERY

BETTER OUTCOMES OF SUBUNGUAL EXOSTOSIS IN BIG TOE AFTER SURGICAL EXCISION.

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Background: Subungual exostosis (SE) is an uncommon benign bone tumor arising in the distal phalanx of the digit. The first description of SE has marked by Dupuytren G in 1847 with 30 patients suffering from subungual exostosis of the great toe. Subungual exostosis is most commonly seen in the distal phalanx of the hallux. The pathogenesis of subungual exostosis is not clearly understood, many factors have been charged: traumatism, chronic infection, tumor, hereditary abnormality or activation of the cartilaginous cyst.

Observation: A 46-year-old housewife presented a tumor lesion, painful, ulcerated on the right big toe. The lesion debuted two years ago with a small painful nodular lesion, with elevation and destruction on the nail of the right big toe. She had no past medical history like traumatism or local infection. Physical examination show tumor lesion with the diameter 1.5 cm, firm, fixed on the latero-internal half nail bed of the right big toe. Radiography show a bony outgrowth in continuity with the second phalanx on the right big toe and histopathological examination revealed proliferating osteocartilaginous lesion which confirmed the diagnosis of SE. Local excision of the mass with the overlying fibrocartilaginous cap was made with no reccurence 2 years after excision.

Key message: The clinical presentation leads subungual exostosis to be easily misdiagnosed, which may result in inadequate or extreme treatments. Histological and radiological findings make SE distinct. As with our patients, several studies reported complete healing after surgical excision. Avoiding repeated microtrauma is the best prevention.





