



NAIL DISORDERS

A NAIL GRAND ROUND

Yumeng Li⁽¹⁾ - Fabrizio Galimberti⁽¹⁾ - Hind M Almohanna⁽²⁾ - Azhar A Ahmed⁽³⁾ - Jacob Griggs⁽⁴⁾ - Antonella Tosti⁽¹⁾

University Of Miami, Dermatology And Cutaneous Surgery, Miami, United States⁽¹⁾ - Prince Sultan Military Medical City, Dermatology And Dermatologic Surgery, Riyadh, Saudi Arabia⁽²⁾ - King Fahad General Hospital, Dermatology, Medina, Saudi Arabia⁽³⁾ - University Of Miami, Miller School Of Medicine, Miami, United States⁽⁴⁾

Background: The Department Dermatology and Cutaneous Surgery at University of Miami hosts a weekly patient management conference to present patients in need of diagnoses and management recommendations. Here we describe 4 interesting nail patients who were presented on the same day.

Observation: Patient 1: A 37 year-old man presented for management of invasive squamous cell carcinoma of the nail already partially removed by an hand surgeon. Patient had picture of the original lesion showing a verrucous papule along the all length of lateral nail fold. Mohs surgery with HPV typing and vaccination was recommended for this patient. Mohs surgery revealed nail matrix involvement, which has never been reported so far.

Patient 2: A 40-year-old man presented with nail abnormalities involving all 20 nails that had gradually developed since adolescence. All nails were short, overcurved with distal onycholysis, and thickening and yellow discoloration of the nail plate. When asked patient admitted his nails were growing very slowly. He reported that his 8 year-old daughter had recently developed similar nail lesions. Their nail disease was consistent with a mild presentation of yellow-nail syndrome.

Patient 3: A 30-year-old woman presented with a 5-year history of severe onycholysis and hyperkeratosis limited to her finger nails. Patient endorsed having gel polish nail manicure weekly. This was consistent with the classic presentation of psoriasiform contact dermatitis due to acrylates in the gel polish manicure.

Patient 4: An 80-year-old man presented with onychomadesis of all twenty-nails. Patient was recently treated with chemotherapy for lung adenocarcinoma.

Key message: Nail disorders are prevalent but difficult to diagnose and manage. Here are 4 of the cases brought to our institution's patient conference on our weekly conference meeting.

