



NAIL DISORDERS

## CLINICAL AND DERMOSCOPIC FINDINGS IN A CASE OF SUBUNGUEAL FIBROKERATOMA

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**Background:** Acquired digital fibrokeratomas usually are solitary tumors that occur mostly in the periungueal area. Rare presentations include the dissecting ungueal fibrokeratoma arising from the matrix and the subungueal fibrokeratoma from the nail bed. Very few cases of subungueal fibrokeratoma have been reported in the literature but common clinical findings include subungueal hyperkeratosis that may be accompanied by distal onycholysis, nail deformity and occasional pain. The diagnosis is made histologically.

**Observation:** A 36 year old mexican mestizo male presented with focal subungueal mass on the right thumb. He had been aware of the lesion many years ago but noticed increase in size and suffered intermittent pain in the previous month. On physical examination, we observed longitudinal leukoniquia and hyperkeratosis on the free distal edge. On dermoscopy, white homogeneous structures associated to proximal dilated vessels and distal splinter hemorrhages. The patient was otherwise healthy and there were no other relevant findings. An ultrasonographic examination showed a nodule that measured 1.5 x 0.6 x 0.3 cm. We excised a nodule that originated from the nail bed. Histopathological examination revealed irregular acanthosis, hypergranulosis, hyperkeratosis and compact parakeratosis; the core of the lesion was composed of fibroblasts and dense collagen fibers. The diagnosis was subungueal fibrokeratoma.

**Key message:** The clinical and dermoscopic presentation of subungueal fibrokeratoma may mimic an onychopapilloma. Other differential diagnosis to be considered is squamous cell carcinoma as it may present as a pseudofibrokeratoma. Histological should be considered when a subungueal mass is associated to the free margin hyperkeratosis.

