



NAIL DISORDERS

## ONYCHOMADESIS FOLLOWING BULLOUS PEMPHIGOID

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**Background:** Beau lines are transverse, band-like depressions on the back aspect of the nail plates. Onychomadesis is considered an extreme form of Beau lines, characterized by complete separation of the proximal nail plate from the matrix. Both are part of the nail plate abnormalities that occur secondary to temporary nail matrix arrest (NMA). Various infections, severe medical illnesses, medication side effects and autoimmune diseases can cause NMA. We present an unusual case of onychomadesis following bullous pemphigoid (BP).

**Observation:** A 59-year-old female patient presented to the dermatology department complaining of a generalized pruritic bullous eruption, without periungual affection. Based on the clinical features, histopathological findings and direct immunofluorescence examination, a diagnosis of BP was verified. The patient received therapy with a moderate dosage of oral corticosteroids (0.5mg/kg/day). With progressive reduction of the corticosteroid, the lesions regressed rapidly, to a complete sanitation. Two months after the cutaneous eruption, when the dermatological status was in complete regression, she presented with painless, palpable grooves on all 10 fingernails, as well as the first toenails. There were no signs of periungual inflammation and recent history of trauma, unusual activities, or chemical exposure were denied. Repeated potassium hydroxide preparations and fungal cultures of the nail clippings were negative. A diagnosis of Beau lines was made. Over time the lesion progressed to full onychomadesis. Complete shedding was observed 4 months after the primary disease for fingernails i.e. 5 months for toenails. The changes receded without therapy and a spontaneous re-growth of new nails was to be observed.

**Key message:** Beau lines and onychomadesis are rarely observed in the course of BP. As the periungual region was not affected by bullous eruption, an indirect effect of systematic autoimmune disorder is more plausible. This clinical observation can expand the spectrum of possible causes of NMA.

