



NAIL DISORDERS

STRIATED MELANONYCHIA DUE TO SUBUNGUAL SEBORRHOEIC KERATOSIS – A CASE REPORT

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Background: A 48-year-old white female patient sought dermatological care due to a nail spot noticed a year before. Physical examination showed a longitudinal melanonychia in the 4th left toenail, measuring 1 mm in width, sparing the lunula, without Huntchinson's sign. She denied previous trauma, no personal or family history of subungual melanoma. The lesion was asymptomatic, and there were no changes in other nails. This article aims to report an unusual case of subungual seborrheic keratosis manifesting as striated melanonychia.

Observation: Seborrheic keratosis in the nail bed is a rare lesion, with few cases published worldwide. The main differential diagnosis of nail injuries are fungal, viral, inflammatory, traumatic, scarring and tumor infections. The minority of tumors of the nail apparatus is of malignant origin, with subungual melanoma being the most feared. Because of their unusual frequency, malignant nail tumors end up being poorly identified or diagnosed late. Malignant tumors that can initially simulate benign lesions may produce metastasis if not properly diagnosed, which demonstrates the importance of correct and early diagnosis of nail lesions. Therefore, it is important to remember that subungual melanoma initial manifestation is an asymptomatic melanonychia. Faced with a case of striated melanonychia, we must first differentiate whether the pigment is of melanocytic or non-melanocytic origin, clinically through physical examination and with the aid of dermoscopy.

Key message: This case report shows the importance of the differential diagnosis of pigmented lesions of the nail apparatus, since lesions of different etiologies, even benign lesions, can mimic malignant lesions. The biopsy of these lesions is indispensable for an early diagnosis and should be performed as soon as possible to resolve the case, avoiding unnecessary procedures and future aggressive treatments that can cause emotional stress and increase the patient's risk of death.





