



NAIL DISORDERS

SUBUNGUAL SQUAMOUS CELL CARCINOMA

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Background: Subungual Squamous cell carcinoma (SCC) is the most common primary malignant neoplasms of the nail bed. The higher incidence occurs in the fingernails, but involvement of the toenails is also possible. Several factors reportedly predispose individuals to subungual squamous cell carcinoma, including HPV, chronic trauma, chronic inflammation, chronic infection, Delayed diagnosis often happens because of the resemblance with other subunit pathologies, such as onychomycosis, viral wart, pyoderma gangrenosum, amelanotic melanoma. Even if it is considered a low risk malignancy, subungual SCC can metastasize in lymph nodes and bones.

Observation: A 69 y.o male patient was presented to our clinic with a painful nodular subungual mass on the middle finger of the right hand. He referred a history of trauma, occurred ten years ago. He referred to have hypertension and diabetes, while not regular taking relative medications on both diagnoses. The subungual lesion was compound of multiple nodules with granulation tissue, seropurulent excretion and yellow scales at the periphery. There was destruction of half distal and lateral part of the involved nail and thickening of the remaining nail stump with onycholysis. No axillary lymphadenopathy was observed.

Key message: Multidisciplinary co-operation with the radiologist, plastic surgeon and anatomic-pathologist was essential to diagnose and treat the case properly. Nail bed biopsy was obtained to diagnose the subungual squamous cell carcinoma. As the X-ray of the affected digit showed periosteal erosion with invasion of the distal phalanx and sclerotic changes in all inter-phalanx joint, it was recommended and performed amputation of distal and second phalanx of the middle finger.

