



PAEDIATRIC DERMATOLOGY

## DIAGNOSIS AND TREATMENT OF A NAIL LICHEN PLANUS IN CHILDREN: A CASE REPORT

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**Background:** Nail lichen planus (NLP) is considered very rare in children. Isolated NLP is most common in adults, however it may affect children as well. Approximately 11% of NLP cases are observed in childhood. The classical clinical presentation is characterized by nail plate thinning with longitudinal ridging and fissuring. Generally NLP is resistant to topical therapy with corticosteroid. Successful treatment has been reported with intralesional (triamcinolone acetonide), topical tacrolimus, systemic retinoids, cyclosporine and systemic administration of corticosteroids.

**Observation:** A 12-year-old boy was referred to our department because of abnormal nails. The first nail changes had appeared 4 years earlier on a fingernail. Four fingernails showed thinning and crumbling, some nails presented lesions that resembled pittings. Eight toenails were affected (except the right third and fourth fingers) with thinning and crumbling, subungual hyperkeratosis and brown discoloration (especially in the both big toenails). Mycological examinations were negative (KOH and culture). Family history for lichen planus was negative. Histopathological showed interface dermatitis, consistent with the diagnosis of NLP. Only topical therapy with emollient (urea cream 20%), occlusive clobetasol propionate and betamethasone dipropionate was performed, showing clinical improvement.

**Key message:** NLP is rare in adults and even more in children. It is under diagnosed due to the difficulty in performing biopsy and clinical similarity with superficial mycosis. Once diagnosed, it is possible a non-invasive treatment with good results.

