
Dermoscopic features of onychotillomania: A study of 36 cases



Austin John Maddy, BA, and Antonella Tosti, MD
Miami, Florida

Background: Onychotillomania is a nail-picking disorder characterized by nail dystrophy and abnormal morphology of the nail plate, nail bed, and periungual skin.

Objective: The purpose of this study was to describe the dermoscopic features of onychotillomania.

Methods: A retrospective study of the dermoscopy images of 36 patients affected by onychotillomania. The images were reviewed independently by both authors and a list of dermatoscopic findings was established.

Results: Scales were observed in 34 cases (94.4%). Absence of the nail plate was seen in 30 cases (83.3%). Wavy lines were observed in 25 cases (69.4%). Hemorrhages were observed in 23 cases (63.9%). Crusts were seen in 22 cases (61.1%). Nail bed pigmentation was observed in 17 cases (47.2%). Speckled dots were observed in 14 cases (38.9%). Nail plate melanonychia was observed in 4 cases (11.1%).

Limitations: Limitations included small sample size and retrospective study.

Conclusion: Absence of the nail plate with multiple obliquely oriented nail bed hemorrhages, nail bed gray pigmentation, and presence of wavy lines are characteristic findings of onychotillomania and not seen in other nail diseases. (J Am Acad Dermatol 2018;79:702-5.)

Key words: dermoscopy; onychotillomania; nail bed pigmentation; nail disorders.

Onychotillomania is a nail-picking disorder that is characterized clinically by general dystrophy and abnormal morphology of the nail plate, as well as damage to the nail bed and periungual skin. One study of 339 young adults found the prevalence of onychotillomania to be 0.9%.¹ Onychotillomania encompasses a spectrum of disorders that includes habit-tic deformity, onychophagia (nail biting), median nail dystrophy, finger sucking, and other nail destructive behavioral conditions.^{2,3} In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, onychotillomania is categorized under other specified obsessive-compulsive and related disorders and

body-focused repetitive behavior, and its diagnosis requires exclusion of other processes, such as trichotillomania and excoriation disorder.^{2,4,5} Management includes pharmacotherapy, stimulus control, habit-reversal training, and cognitive-behavioral and aversion therapy.⁶

The clinical manifestations of onychotillomania are described primarily in case reports, and detailed symptoms and signs of the disease have not been classified. In our experience, onychotillomania is frequently misdiagnosed and often confused with and treated as other nail disorders, particularly lichen planus, psoriasis, or onychomycosis.³

From the Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami.

Funding sources: None.

Conflicts of interest: Dr Tosti is a consultant for P&G, DS Laboratories, Fotofinder, and Almirall; serves as principal investigator for Incyte, Nutrifol, and Erconia Laser; and receives author royalties from Springer & Verlag and Taylor & Francis. Dr Tosti is the Editor in Chief of Karger and is on the scientific board for the National Alopecia Areata Foundation. Mr Maddy has no conflicts of interest to disclose.

Accepted for publication April 9, 2018.

Reprints not available from the authors.

Correspondence to: Austin John Maddy, BA, 1475 NW 12th Ave, 2nd Floor, Miami, FL 33136. E-mail: ajm343@med.miami.edu.

Published online April 13, 2018.

0190-9622/\$36.00

© 2018 by the American Academy of Dermatology, Inc.

<https://doi.org/10.1016/j.jaad.2018.04.015>

Dermoscopy is a noninvasive imaging method that plays a significant role in the diagnosis and management of nail diseases. The purpose of this study was to describe the dermoscopic features of onychotillomania.

METHODS

This was a retrospective study involving the dermoscopy images of 36 patients with onychotillomania observed during January 2012-June 2017 at the Department of Dermatology and Cutaneous Surgery of the University of Miami, Miami, Florida. The project was approved by the Institutional Review Board of the University of Miami. All patients had clinical and dermoscopic images obtained with the Handyscope dermatoscope (Fotofinder Systems, Bad Birnbach, Germany) attached to the iPhone (Apple, Cupertino, CA) and or with the Fotofinder videodermatoscope (Fotofinder Systems).

The study included 24 women and 12 men aged 28-72 (mean 56) years with disease duration ranging 1-7 (mean 2.3) years. Number of digits affected in each patient ranged from 1 (1 patient had 1 toenail affected, with 3 biopsies showing nonspecific findings before seeking treatment) to 20 (6 patients), with a mean of 4 digits affected. Fingernails (21 cases) were more commonly affected than toenails (9 cases), and 6 patients presented with both. Previous treatments included topical antifungals (33 cases), topical steroids (31 cases), intralesional steroids (8 cases), oral antifungals (32 cases), methotrexate (2 cases), and oral cyclosporin (3 cases). No patient reported a history of a psychiatric disorder at the time of evaluation. All cases were diagnosed clinically, and patients, when asked, admitted to manipulating their nails. Most explained that they were cleaning their nails to cut away fungal or other types of infection, including parasites, under the nail.

The dermoscopic images of the most affected nail in each case were reviewed independently by both authors. A list of dermoscopic findings was established. These included crusts, scales, absence of the nail plate, nail bed pigmentation, melanonychia, hemorrhages (often obliquely arranged affecting the proximal and distal nail bed as well as the proximal

and lateral folds) (Fig 1), wavy lines (uneven longitudinal lines that appear to be on different planes with a wavy appearance due to uneven nail plate) (Fig 2), and speckled dots (multiple pin-point red, brown, or black dots on the nail bed, proximal nail fold, or hyponychium) (Fig 3). Each author scored the presence or absence (1 or 0) of the selected features for each image.

CAPSULE SUMMARY

- Onychotillomania is a nail-picking disorder that is likely underreported and often misdiagnosed.
- The dermoscopic features of onychotillomania include scales, absence of the nail plate, wavy lines, hemorrhages, speckled dots, melanonychia, and nail bed pigmentation.
- Recognizing the common dermoscopic features of onychotillomania will assist the clinician in the diagnosis and management of this disorder.

RESULTS

The findings of our study are reported in Table I. Scales were observed in 34 cases (94.4%); these were located in the nail bed, in the nail folds, and in the hyponychium. Absence of the nail plate was seen in 30 cases (83.3%). Wavy lines were observed in 25 cases (69.4%). Hemorrhages were observed in 23 cases (63.9%). Crusts were seen in 22 cases (61.1%). Nail bed pigmentation was observed in 17 cases

(47.2%); in all cases, the pigmentation had a gray hue under dermoscopy. Speckled dots were observed in 14 cases (38.9%). Melanonychia was observed in 4 cases (11.1%).

We were able to evaluate follow-up images of 15 patients who were referred to psychiatry for management. Hemorrhages disappeared quite rapidly when patients reduced or stopped manipulating their nails, whereas wavy lines and nail bed pigmentation faded more gradually (Fig 4, A and B).

DISCUSSION

Scales, absence of the nail plate, wavy lines, hemorrhages, crusts, and nail bed pigmentation were common dermoscopic features of onychotillomania observed in this study. These result from repetitive nail trauma with other nails, teeth, or (most commonly) tools.

Wavy lines are the name we propose for a very characteristic and specific dermoscopic feature of onychotillomania. They are uneven longitudinal white-, reddish-purple-, brown-, or black-pigmented lines that appear to be on different planes, with a wavy appearance due to uneven or absent nail plate growth after recurring trauma. Disruption of nail growth leads to this bizarre and abnormal morphology. Wavy lines can be associated with scales (Fig 2), hemorrhages (Fig 4, A), and nail

Download English Version:

<https://daneshyari.com/en/article/10216809>

Download Persian Version:

<https://daneshyari.com/article/10216809>

[Daneshyari.com](https://daneshyari.com)