



NAIL DISORDERS

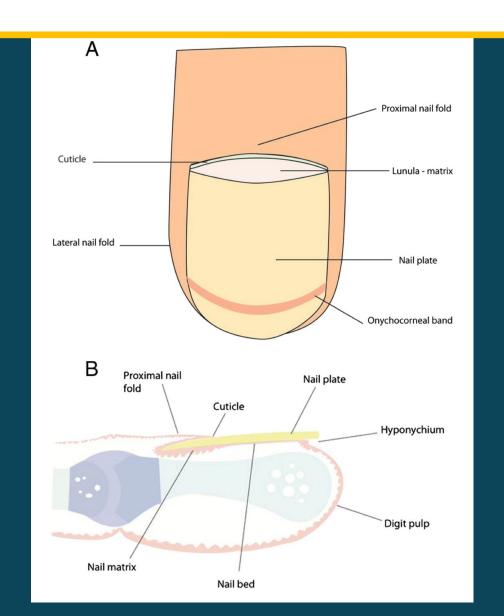
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STRUCTURE OF THE NAIL APPARATUS



DIAGNOSTICS

ONYCHOSCOPY





MYCOLOGY



Sentivity – 20%

X-RAY





INFECTIOUS DISEASES

PERIUNGUAL WARTS

- HPV 1, 2, 4, 27,57
- Most commonly toenails
- Incubation period: weeks-months
- Most commonly lateral nail fold



PERIUNGUAL WARTS – TREATMENT

- Salicylic acid
- Lactic acid
- Monochloracetic acid, trichloracetic acid
- 5-fluorouracil
- 5% imiquimod
- Kriosurgery
- CO2 laser
- PDL
- PDT

GREEN NAIL SYNDROME

Pseudomonas aeruginosa (pyoverdine and pyocyanine)

Fingernails -80.8%- thumbnail 45.5%

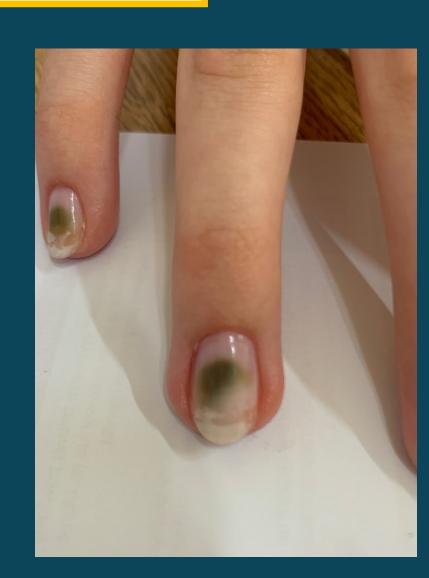
73% pts one nail involved

Green color (38.5%) or brown-green (30.8%), brown 5%, green-yellow 11%, green-black 3.8%

Risk factors: onycholysis (75%) and paronychia

Excessive soaking of hands (25%)

Treatment eyedrops with gentamycin for 3 months



ONYCHOMYCOSIS

- Prevalence 23%, increases after 60 years of age
- 18% to 40% of all nail disorders,
- 90% of all nail infections
- 30% of all fungal infections



ONYCHOMYCOSIS - AETHIOLOGY

 Trichophyton rubrum and T. mentagrophytes -60-70% cases, less commonly Epidermophyton floccosum

 Molds - Scopulariopsis brevicaulis, Acremonium spp., Aspergillus spp., Fusarium spp., Neoscytalidium.

• Yeasts - Candida spp., fingernails, moist environment

ONYCHOMYCOSIS - TYPES

- distal and lateral subungual onychomycosis (DLSO)
- superficial onychomycosis white or black
- endonyx onychomycosis
- proximal onychomycosis
- mixed type
- totally dystrophic onychomycosis
- secondary onychomycosis
- paronychia (with or without nail plate involvement)

DLSO

Most commonly T. rubrum, T. mentagrophytes, Candida albicans, Fusarium spp, Neoscytalidium spp, Scopulariopsis brevicaulis



ONYCHOMYCOSIS - CLINICAL PICTURE

discoloration (yellow, white, brown)

onycholysis

Nail crumbling

Subungual hyperkeratosis

Nail ridging

Ingrown nails



ONYCHOMYCOSIS – DIAGNOSTICS

culture

• PCR

histology with PAS staining

ONYCHOMYCOSIS – TREATMENT

 Topical: azoles- imidazole, triazole, amorolfine, cyclopirox

Systemic: terbinafine, itraconazole, fluconazole

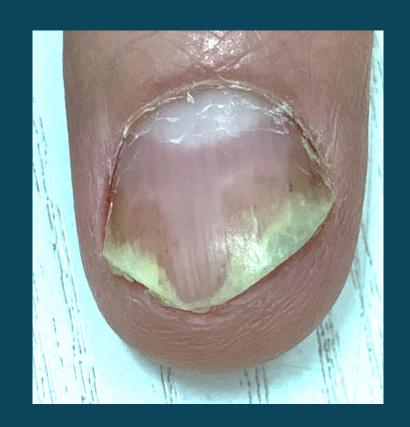
INFLAMMATORY DISEASES

NAIL PSORIASIS

• 50% of patients with psoriasis vulgaris

• 90% of patients with psoriatic arthritis

1-5% of patients with isolated nail psoriasis



NAIL PSORIASIS

Matrix	Nail bed
nail pitting	onycholysis
leukonychia	splinter haemorrhages
red spots in lunula	oil (salmon) spots
nail plate crumbling	subungual hyperkeratosis

NAIL PITTING

MATRIX

result of parakeratotic columns in the nail matrix

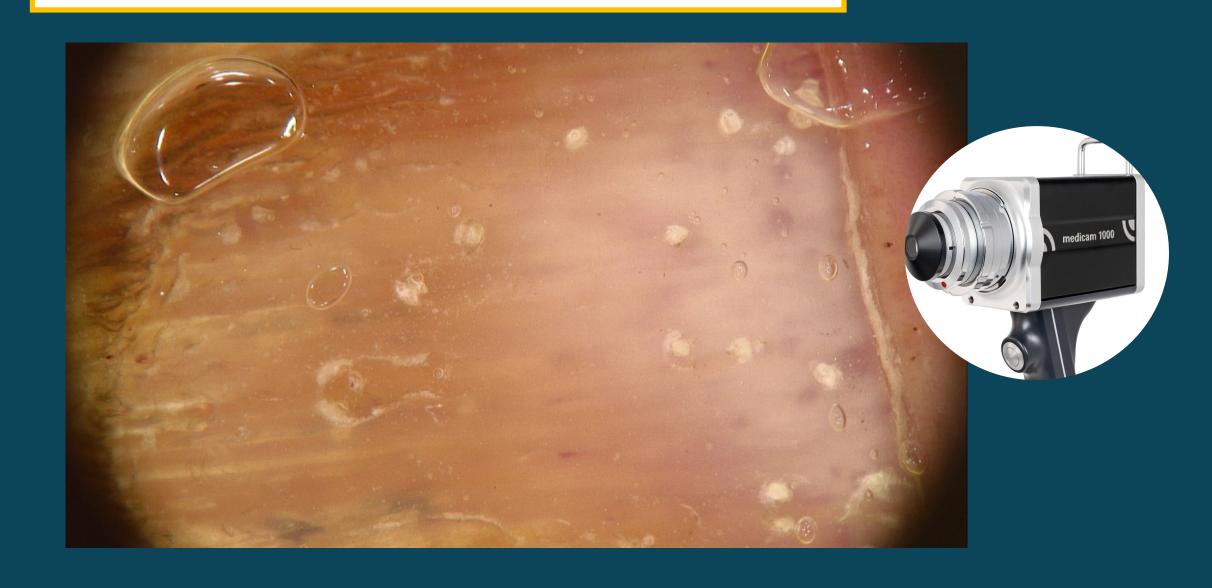
 can be also observed in alopecia areata, lichen planus and atopic dermatitis

1-5% patients with nail psoriasis – isolated nail pitting



NAIL PITTING





RED SPOTS IN LUNULA

MATRIX

Severe psoriasis



ONYCHOLYSIS

Psoriatic abnormalities in hyponychium

Free space between nail plate and nail bed

• Increases the risk of nail apparatus infections

Onycholysis with erythematous border

NAIL BED



SUBUNGUAL HYPERKERATOSIS

NAIL BED

 Keratinization distrurbances and accumulation of keratinocyte

Distally, spreading proximally

 Need to exclude fungal infection (may coexist in 48% of the cases)



OIL (SALMON) SPOTS

NAIL BED

 Result of parakeratosis and acanthosis in the nail bed



SPLINTER HAEMORRHAGES

NAIL BED

Distruction of the nail bed capillaries

 May also occur after trauma, in endocarditis, eczema, antiphospholipid syndrome, rheumatoid arthritis, systemic lupus erythematosus

11-73%



DOTTED VESSELS

PERIONYCHIUM





NAIL PSORIASIS - TREATMENT

- >3 nails or decreased QoL
- acitretin 0.2-0.4 mg/kg 6 months or till moderate improvement
- Cyclosporine short treatment, dose 3-5 mg/kg
- methotrexate 15 mg weekly

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- methotrexate 15 mg weekly
- Biologics infliximab, etanercept, adalimumab, golimumab, ustekinumab, secukinumab, ixekizumab, apremilast, tafacitinib, certolizumab pegol, guselkumab

NAIL LICHEN PLANUS

 10-25% of patients with lichen planus has nail involvement

Abnormalities in nail matrix +/nail bed

More commonly on the fingers

Permanent changes in 4% of patients



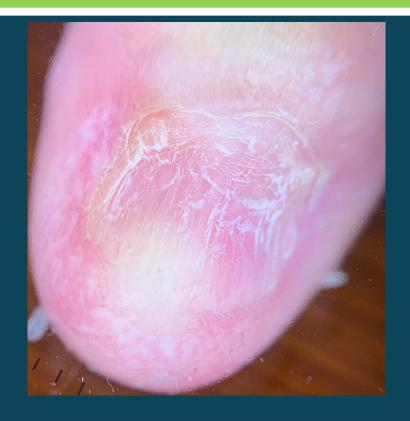
PTERYGIUM



ANONYCHIA



NAIL MATRIX AND BED



NLP FEWER THAN
3 NAILS INVOLVED
MILD - MODERATE

Matrix involvement

Bed involvement

Intra Lesional
TRIAMCINOLONE
ACETONIDE
5 – 10 mg

Intra Muscular
TRIAMCINOLONE
ACETONIDE
0,5 – 1 mg/kg

Intra Muscular
TRIAMCINOLONE
ACETONIDE
0,5 – 1 mg/kg

Oral ACITRETIN

 $0,2 - 0,3 \, \text{mg/kg}$

ALITRETINOIN

30mg

Oral ACITRETIN 0,2 - 0,3 mg/kg ALITRETINOIN 30mg

NLP FEWER THAN
3 NAILS INVOLVED
MILD – MODERATE
Matrix & Bed involvement

NLP FEWER THAN
3 NAILS INVOLVED
SEVERE

NLP MORE THAN
3 NAILS INVOLVED
ANY PRESENTATION

Intra Lesional
TRIAMCINOLONE
ACETONIDE
5 – 10 mg



Intra Muscular
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Intra Muscular
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Oral ACITRETIN 0,2 - 0,3 mg/kg ALITRETINOIN 30mg AZATHIOPRINE CYCLOSPORINE MYCOPHENOLATE

Iorizzo, 2020

TRACHYONYCHIA

"sandpaper nails",

"twenty nail dystrophy

2 types:

- opaque
- shiny

Starts between 3-12 y.o.

Lasts 6 years

LONGITUDINAL NAIL BIOPSY





TRACHYONYCHIA

Skin conditions	
Alopecia areata	Pigment incontinence
Lichen planus	Congential cutaneous candidiasis
psoriasis	Darier disease
Ichthyosis vulgaris	
vitiligo	
Atopic dermatitis	
Pemphigus vulgaris	+ idiopathic

TRACHYONYCHIA

Other conditions

Immunoglobulin A deficiency

Autoimmune throbocytopenic purpura

Autoimmune hemolytic anemia

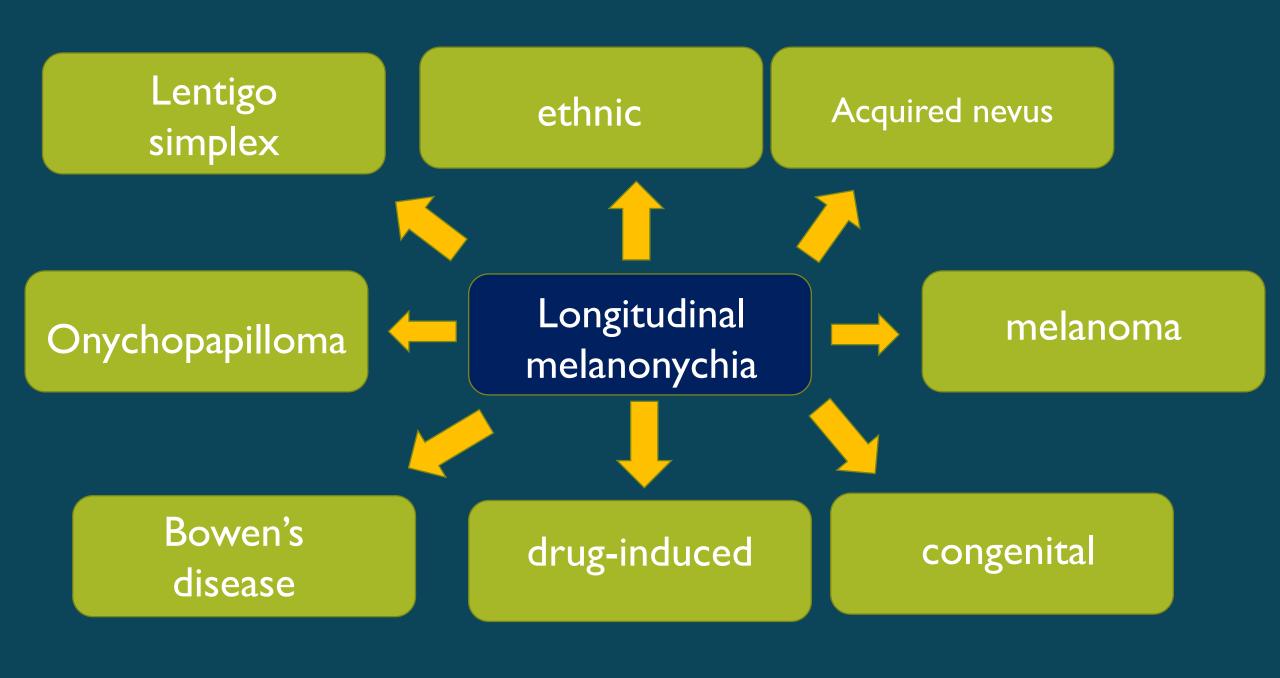
amyloidosis

sarkoidosis

Down syndrome

+ idiopathic

LONGITUDINAL MELANONYCHIA

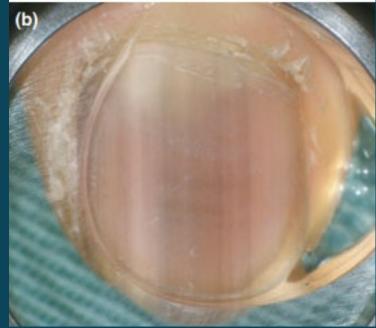


ETHNIC TYPE

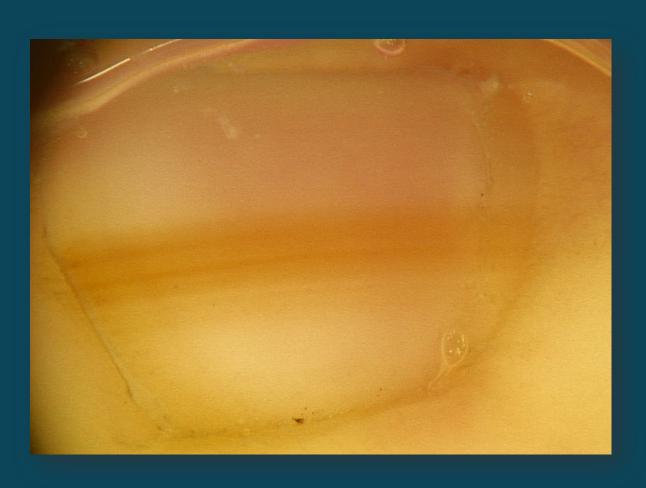
Several nails

Grey color





ACQUIRED MATRIX NEVUS





NAIL MELANOMA



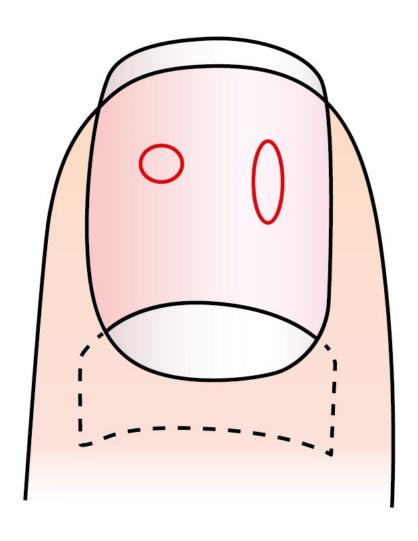
NAIL MELANOMA

INTERNATIONAL DERMOSCOPY SOCIETY:

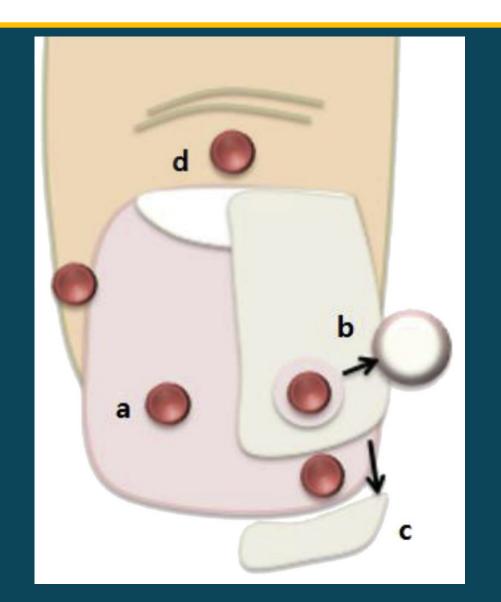
- Band's width > 2/3 nailplate width,
- Grey and black color,
- Irregular lines,
- Hutchinson and micro-Hutchinson sign,
- ◆Nail dystrophy → invasive!
- Pigmented dots

NAIL SURGERY

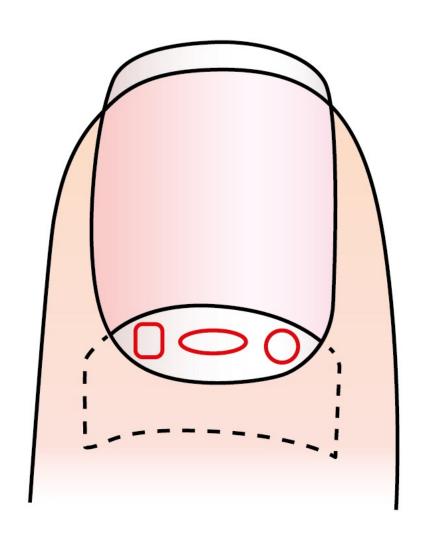
NAIL BED BIOPSY



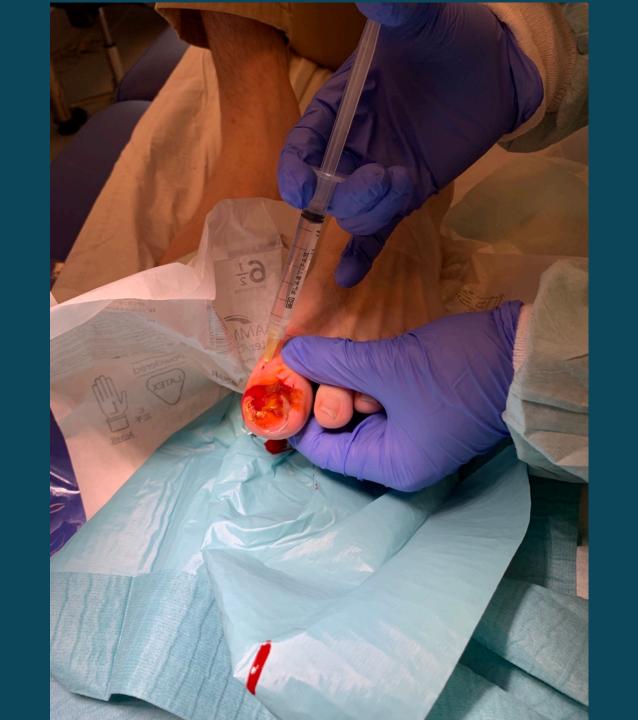
DOUBLE PUNCH NAIL BED BIOPSY

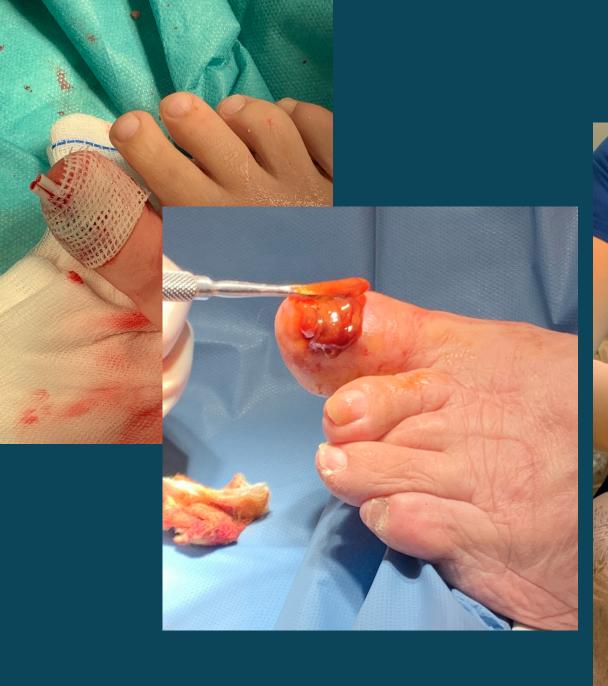


NAIL MATRIX BIOPSY



POST-BIOPSY MANAGEMENT









ANALGESIA

- Paracetamol w/o codeine
- Tramadol
- NSAIDS