



CLINICAL PICTURE QUIZ

CASE PRESENTATION

A healthy 28-year-old care worker presented with a three-month history of pain in his distal right hallux. He described the nail as 'not growing' in the last few weeks. On examination, the affected nail showed a proximal paronychia with the nail appearing to be proximally embedded. A haematoma was evident in the distal-lateral aspect of the nail plate. Around the proximal nail fold a small amount of hypergranulation tissue was evident protruding from under the eponychium (see Figure).

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1. WHAT IS YOUR DIAGNOSIS?
2. HOW WOULD YOU MANAGE THIS CONDITION?



ANSWERS

1. Retronychia

Retronychia is a condition of the nail where the nail plate embeds in a retrograde direction into the proximal nail fold. It usually begins following an acute trauma, which forcibly pushes the nail backwards and upwards into the nail fold. Simultaneously, the nail undergoes a partial onychomadesis, detaching proximally within the matrix, creating a space under which a new nail can grow, eventually displacing the top nail dorsally causing paronychia. Granulation tissue may become evident from the eponychium as the disease progresses.

The condition was first described in 1999 by dermatologist David de Berker who reported three cases – one in toenails and two in the fingernails (1). In 2008, he subsequently presented 19 cases of retronychia at a nail meeting (2), giving more insight into the condition. The data presented showed the average age of patient to be 39 years, with a female preponderance (84%). Of these, 16 cases (84%) involved the toenails. Proximal granulation was evident in 32% of patients. In many cases repetitive or

one-off trauma could be recalled by sufferers 2-3 months prior to the development of their paronychia. In some cases, yellowing could be observed in the affected nail.

De Berker and colleagues have postulated that the condition arises as the trauma is not sufficient to fully avulse the nail so it remains attached at the nail bed or lateral edges while free within the matrix, allowing a new nail to grow. Further cases have since been reported in the literature (3-5).

Diagnosis is predominantly made on clinical grounds but later case reports have demonstrated the use of ultrasound highlighting multiple nail plates emerging within the nail matrix (6).

2. Management

To date, reported cases have successfully resolved following total nail avulsion to remove all nail plates present in the matrix (without any phenolisation) and allow natural resolution to occur. The presence of hypergranulation within the proximal nail should always raise suspicion of other pathologies such as tumours, although removal of the nail plate

itself allows visualisation of the matrix and permits the area to settle rapidly confirming the diagnosis. Care should be taken to advise the patient to avoid the causative trauma as recurrence has been reported (7).

References:

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