
Color Atlas of Nails

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 Springer

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1 Nail Evaluation

Examination of the nails under sufficient lighting should be an integral part of diagnosis. Before the doctor examines the patient, his or her assistants should help the patients to do the following:

1. Remove shoes, socks, stockings
2. Remove all nail cosmetics
3. Have an informative nail questionnaire filled out

This will save time for the physician.

2 Anonychia/Micronychia

- Total or partial absence of the nail
- May be congenital or acquired

Table 2.1. Causes of anonychia/micronychia

Congenital	Acquired
<ul style="list-style-type: none">● Amniotic bands● Teratogens (drugs, alcohol)● Nail patella syndrome● Epidermolysis bullosa● Ectodermal dysplasias● DOOR syndrome● Iso-Kikuchy syndrome	<ul style="list-style-type: none">● Trauma● Bullous diseases● Idiopathic atrophy of the nails● Psoriasiform acral dermatitis● Ischemia

2.1 Congenital Anonychia/Micronychia

Teratogens

Nail hypoplasia is more common when drugs are taken during the first months of pregnancy.

Table 2.2. Causes of anonychia due to teratogens

<ul style="list-style-type: none">● Alcohol● Carbamazepine● Hidantoine● Morphine● Trimethadione● Warfarin

Nail Patella Syndrome

Nail hypoplasia is more marked on the ulnar side of the digit. It may be limited to the thumb or involve several nails; in this last case severity decreases usually from the first to the other nails.

Table 2.3. Clues for diagnosis

- Congenital nail hypoplasia more marked on one side of the nail
- Other family member affected (AD, mutation of the LMX1B gene)
- Exostosis of the iliac crests
- Absence or hypoplasia with luxation of the patellae
- Nephropathy in up to 60% of cases

**Fig. 2.1.** Congenital anonychia due to unknown cause.**Fig. 2.2.** Congenital micronychia due to due to anticonvulsants taken by the mother during pregnancy (courtesy of Prof. A. Oranje, Rotterdam, NL).**Fig. 2.3.** Nail patella syndrome – nail hypoplasia and triangular lunula.**Fig. 2.4.** Nail patella syndrome – nail hypoplasia is more marked on the ulnar side of the digit.



Fig. 2.5. Nail patella syndrome – the condition is bilateral and symmetric.

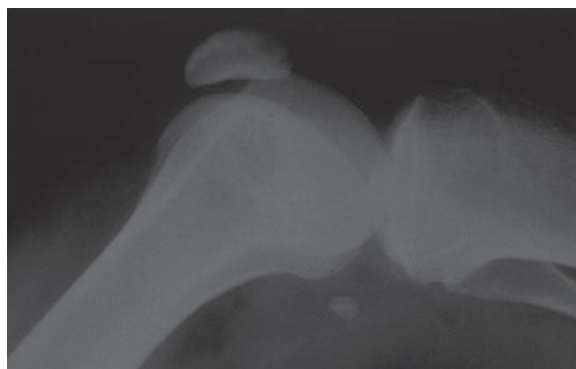


Fig. 2.6. Nail patella syndrome – X-ray showing hypoplasia of the patella.

Epidermolysis Bullosae

Anonychia is a feature of junctional and dermolytic epidermolysis bullosa, where it is a sequela of bullae formation. It is usually associated with cutaneous blisters or erosions and periungual and subungual granulomatous tissue. Other possible signs are:

- Nail atrophy
- Nail thinning
- Onychogriphosis
- Onychomadesis
- Pachyonychia
- Pincer nails

Ectodermal Dysplasias

Nail hypoplasia is a common feature of ectodermal dysplasias; it may be associated with nail thickening, thinning or fragility.

Table 2.4. Ectodermal dysplasias

Types	Nails	Associated dermatological features
Hydrotic ectodermal dysplasia (Clouston syndrome) AD	thick, hypoplastic	palmo-plantar keratosis, alopecia
Hypohidrotic ectodermal dysplasia (Christ-Siemens-Touraine) XR	thin, fragile	alopecia
Ankyloblepharon-Ectodermal defects-Cleft lip and palate (AEC, Hay-Wells syndrome) (Rapp-Hodgkin syndrome) AD	thin, fragile, hypoplastic	cicatrical alopecia