

Onychotermiology (Typical Clinical or Onychoscopic sign)

Onychogryphosis

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CASE DETAILS

A 46-year-old male presented with a 10-year history of progressive thickening, abnormal growth, and brownish discoloration affecting the left second toenail. He reported persistent difficulty in trimming the nail, with recurrent regrowth exhibiting similar deformity. The patient had no co-morbidities. Clinical examination revealed marked thickening, opaque yellow-brown discoloration, elongation, increased curvature and medial deviation of the left second toenail [Figure 1]. Direct microscopy of nail clippings treated with 40% potassium hydroxide was negative for fungal elements. Based on the history and clinical examination, a diagnosis of onychogryphosis was established.

DESCRIPTION

Onychogryphosis is characterized by marked thickening, yellow-brown discoloration, elongation, and excessive curvature of the nail plate. It is often described as a 'ram's horn nail' or 'oyster-like.' While the great toenail is most commonly affected, fingernails may occasionally be involved. Onychogryphosis may be congenital - inherited in an autosomal-dominant pattern, involving all twenty nails or acquired, typically associated with chronic neglect, homelessness, or cognitive decline. Differential diagnosis of congenital onychogryphosis include congenital malalignment and congenital pachyonychia. Management options vary depending on severity, patient factors and include nail avulsion with or without matricectomy, V-Y advancement flap or the Syme technique.^[1]

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Figure 1: Clinical image showing an opaque, yellow-brown thickening of the nail plate, elongation, increased curvature, and deviation of the left second toenail. Other toenails are normal.

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REFERENCE

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