Dermatology Practical & Conceptual

Onychoheterotopia

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Case Presentation

A 53-year-old farmer visited our outpatient clinic with an asymptomatic, slow-growing, hard, keratotic nail-like structure growing from the dorsal aspect of his left index finger (Figure 1) for 40 years following a penetrating injury. On examination, a 5 x 3 mm rectangular nail plate-like structure, with a smooth surface, was located 7 mm proximal to the proximal nail fold. Folds of skin, similar to proximal and distal nail folds of a normal nail, were seen surrounding it. The cuticle was not visible. Other nails were normal. No functional disability was noted. Radiographic examination didn`t reveal any hypoplasia or thinning of the phalanx. Based on the above features, a diagnosis of onychoheterotopia was made.

Teaching Point

Ectopic nail or onychoheterotopia is characterized by nail plate growth in regions other than the normal nail bed due to the presence of an ectopic nail matrix. It is classified into two types: congenital and acquired ectopic nail [1].

Although the pathogenesis is unclear, it is hypothesized to occur due to the presence of ectopic germ cells, an underlying subclinical polydactyly, or traumatic inoculation of nail matrix cells [2].

Figure 1. A slow-growing, hard, keratotic nail-like structure growing from the dorsal aspect of his left index finger with proximal and lateral nail folds.

Diagnosis of ectopic nail is made based on its clinical findings and is supported by histopathological evaluation. Treatment includes surgical excision of the nail and its entire matrix to prevent recurrence followed by primary closure of the defect. We present this uncommon condition which has differential diagnosis of cutaneous horn, foreign body reactions, and rudimentary polydactyly, and is likely to be missed by dermatologists.

References

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