

A case of twenty nails dystrophy on atopic dermatitis

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Sir,

The twenty nails dystrophy is a very rare nail abnormality. It may be primitive genetic or secondary to multiple dermatological or systemic diseases. Atopic dermatitis is an etiology so rare that reported. We present a rare case of this 11-year-old boy, with no notable pathological history, from a non-consanguineous marriage who had consulted for dystrophy of the fingernails and feet that had started in infancy. The dermatological examination showed signs of atopic dermatitis with cutaneous xerosis, hyperpigmentations of the neck and folds, eczematids and a second lower palpebral fold of Dennie Morgan, without any signs of lichen, psoriasis, alopecia areata, ichthyosis, bullous dermatitis, or anything else (Figs. 1-3). The parasitological samples were sterile three times. Biological exploration in search of a systemic or systemic cause was negative. The nail biopsy was proposed but refused. The diagnosis of syndrome of dystrophy of twenty nails secondary to atopic dermatitis was retained. The boy was put under a mini bolus of corticosteroid treatment at a rate of 2 mg/kg three days a month with the start of whitening of the nails during the three-month control.

The twenty nails dystrophy is a dermatosis of the child par excellence. Most often it is idiopathic genetic, the main dermatoses and systemic diseases associated are: alopecia areata, psoriasis, lichen, atopic dermatitis, amyloidosis, chemotherapy, hemopathies, ichthyosis vulgaris, the deficit IgA, IPEX syndrome, pemphigus vulgaris, incontinentia pigmenti, primary biliary cirrhosis and sarcoidosis. The diagnosis is easy clinically and assisted by histology which remains non-mandatory. Apart from the etiological treatment, the symptomatic treatment is uncodified and uses oral or intralesional corticosteroids, calcipotriol, tazarotene, retinoids, immunosuppressants... the prognosis depends on the causal condition [1-5]. Atopic dermatitis is a possible

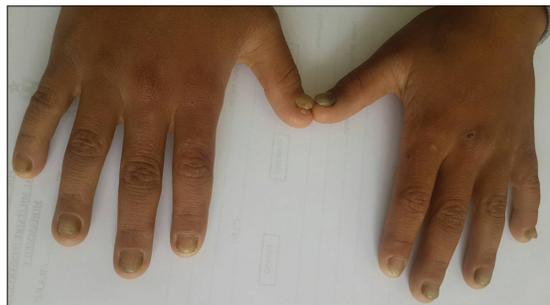


Figure 1: Twenty nail dystrophy on hands in a child with atopic dermatitis.



Figure 2: Twenty nail dystrophy on the feet in a child with atopic dermatitis.



Figure 3: Atopic dermatitis of the face (eczematids, sign of Dennie Morgan, paleur and hyperpigmentations).

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cause of the twenty-nail dystrophy syndrome that must be kept in mind before this syndrome.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

REFERENCES

1. Jacobsen AA, Tosti A. Trachyonychia and twenty-nail dystrophy: a comprehensive review and discussion of diagnostic accuracy. *Skin Appendage Disord.* 2016;2:7–13
2. Sehgal VN. Twenty nail dystrophy trachyonychia: An overview. *J Dermatol.* 2007;34:361-6.
3. Tosti A, Bardazzi F, Piraccini BM, Fanti PA. Idiopathic trachyonychia (twenty-nail dystrophy): A pathological study of 23 patients. *Br J Dermatol.* 1994;131:866-72.
4. Ganguly S, Jaykar KC. Twenty nail dystrophy in association with zosteriform lichen planus. *Indian J Dermatol.* 2012;57:329.
5. Divya G, Jayakar T. Twenty nail dystrophy with alopecia areata in an atopic child. *Int J Res Dermatol.* 2019;5:416-8.

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