

Progressively pigmented thumb nail

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The diagnosis of pigmented lesions is a daily challenge in general practice. Dermatoscopy can provide extra clues, but requires significant expertise. This series will help you hone your skills.

Case presentation

Over an eight-year period, a 60-year-old man noted progressive dark discolouration of his thumb nail with disintegration of the distal nail plate (Figure 1). Dermatoscopy revealed broad bands of dark pigment within the nail bed and finer radiating pigmented streaks extending into the surrounding skin (Figure 2). There were scattered pigment dots and a patchy grey–white milky veil. Excision revealed a confluent proliferation of atypical melanocytes that were intraepidermal and associated with superficial lymphocytic inflammation and fibrosis (Figure 3).

Diagnosis

The final diagnosis was an acral lentiginous melanoma.

Discussion

The irregular and uneven surface of dystrophic pigmented nails can be difficult to focus on with the dermatoscope. Nonetheless, in this case the broad pigment bands with extension to the periungual skin and the grey–white milky veil were important clues to the correct diagnosis. The protracted history, with progressive extension of the pigment and nail dystrophy, contrasts with the sudden and short history of subungual haematomas, which usually show progressive resolution and have red to blue globules under dermatoscopy.

Keypoint

Dermatoscopy of progressively pigmented nail plates may provide diagnostic clues for acral melanoma. **MT**

Acknowledgement

This patient was referred by Professor G.W. Milton AO.

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Figure 1. Dystrophic thumb nail with irregular asymmetrical bands of pigment.



Figure 2. Dermatoscopy demonstrating broad pigment bands on the nail bed with a grey–white milky veil and streaks of pigment radiating into adjacent periungual skin.

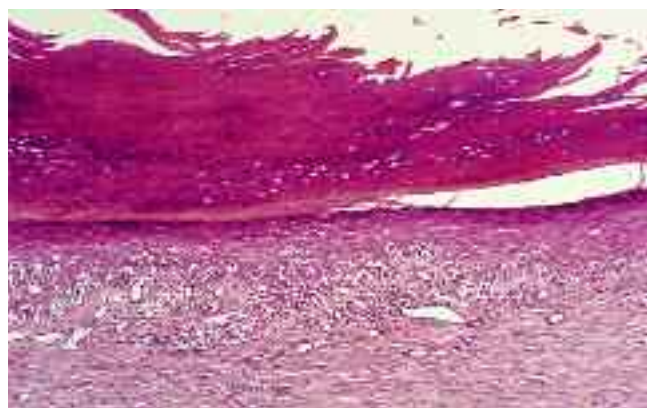


Figure 3. Surgical specimen revealing disordered intraepidermal proliferation of atypical melanocytes.