

Clinical Image

Nail Psoriasis and Onychotillomania: A Vicious Circle of Nail Disorders

Saranyuk RV*Clinic of dermatology and venerology "DermaExpert",
Russian Federation, Russia***Corresponding author:** Saranyuk RV, clinic of
dermatology and venerology "DermaExpert", Deryglasova
prospect, 1, Kursk, Russian Federation, Russia.

Tel: +79102149517

Email: roman.saranuk@gmail.com

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A 58-year-old male patient sought medical help complaining of inflammation of the skin around the nail folds and nail lesions. During communication, it was revealed that the patient was being seen by a dermatologist at his place of residence with a diagnosis of psoriasis. Results of the clinical examination: pronounced erythema with unclear boundaries, slight infiltration and peeling within the involved areas was noted on the skin of the proximal nail folds of the first fingers of both hands. Multiple, centrally located deep transverse grooves were noted on the nail plates of the first fingers, starting from the proximal nail folds. Multiple, weakly expressed longitudinal grooves were also noted on the nails, located over the entire surface of the nails. After examination by a psychiatrist, the patient was diagnosed with onychotillomania.

Psoriasis and onychotillomania are well-known causes of nail lesions and are usually considered separately [1,2]. At the same time, the simultaneous existence of these diseases in one patient can lead to severe damage to the nail apparatus. The simultaneous existence of nail psoriasis and onychotillomania in a patient should attract close attention of clinicians, since an exacerbation of psoriasis can lead to an increase in the symptoms of onychotillomania due to a deterioration in mental status, and severe onychotillomania can worsen the course of nail psoriasis and the periungual area due to more pronounced manifestations of the Koebner phenomenon.



Figure 1: Combined lesions of the nails and skin of the proximal nail fold in psoriasis and onychotillomania.



Figure 2: Multiple deep transverse grooves in the simultaneous presence of psoriasis and onychotillomania.

References

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