Longitudinal Melanonychia after Healing of Lichen Planus

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A patient with progressive longitudinal ridging, diffuse pigmentation and narrowing of the finger nails as the only signs of lichen planus was treated with intramuscular injections of triamcinolone for 2 years. Her nails healed, with the appearance of normal proximal nails after 6 months. After one year, longitudinal bands of melanonychia appeared on the thumbs and still persist.

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The nails are involved in up to 10% of patients with lichen planus. The most common changes are irregular longitudinal grooves and ridges, with distal splitting or notching. Thinning of the nail plate with red-violaceous lines or papules in the nail bed can sometimes be seen. In severe inflammation, the nails become dystrophic, with subungual hyperkeratosis and onycholysis which can lead to shedding.

In coloured people, post-inflammatory subungual hyperpigmentation can be seen. Longitudinal bands of melanonychia have been described in several disorders (1), but are rare in Caucasians with lichen planus (2, 3). On the toes, such melanonychia can also be caused by repeated trauma (4).

We report here a case with typical lichen planus of the fingernails which healed during treatment with corticosteroids but where longitudinal melanonychia later appeared during the treatment.

CASE REPORT

The patient, a 60-year-old woman, had been in good health and had not been taking any drugs. For 3 years she had noticed a slow, but progressive narrowing of the finger nails, with longitudinal ridging, distal fissures and fluting. The nails had probably become narrow by breaking laterally, where they became very fragile. The nails have turned greenish-yellow, with a darker distal half. When first seen, the lateral parts of the nailbed were absent, but the surrounding tissue looked normal and there was no paronychia (Fig. 1). No lunulae was seen. There were no signs of lichen planus elsewhere. The patient refused the nail biopsy that was suggested.

She was treated with intramuscular injections of 40 mg triamcinolone acetonide (Kenacort Retard 40, Squibb) each month for 6 months, then every 6 weeks for 6 months, then every 2 months for 1 year. After 6 months' treatment, the proximal two-thirds of the nailplates had regained their normal breadth and appeared normal, which indicates that the nail matrix had recovered, though the lunulae of the thumbs were red, indicating that the process there was still active. On the other fingers, however, the lunulae were white. The distal parts of the nails were still yellowish-green and narrow (Fig. 2).

Two years later the shape and thickness of the nails were normal (Fig. 3). There was a distal onycholysis which was most pronounced on the thumbs. This might have been due to overambitious manicure. The redness of the lunulae on the thumbs persisted. A longitudinal melanonychia was seen as a pigmented band on the central part of right thumb and on the lateral third of the left thumb. The treatment with triamcinolone was stopped. The condition has subsequently remained unchanged, when seen one year later.

DISCUSSION

The longitudinal pigmentation can be seen when lichen planus appears elsewhere or may even appear isolated in the nail plate (2). The pigmentation of the nails appears from the onset and can also occur without any noticeable clinical signs of inflammation, although a mild non-apparent inflammation is difficult to exclude. Our patient showed typical clinical signs of lichen planus on the nails, with longitudinal ridging and later a diffuse yellow-green discoloration. After treatment with systemic corticosteroids, her nails

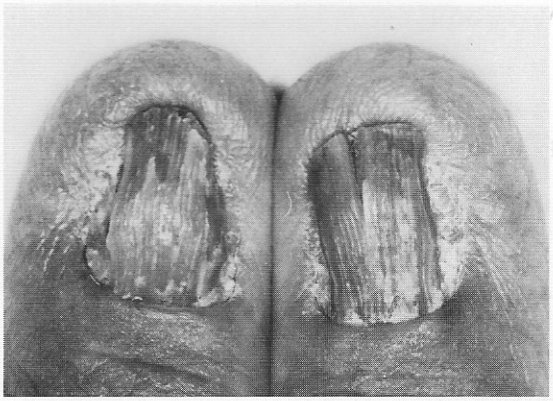

Fig. 1. Lichen planus of nails, before treatment.

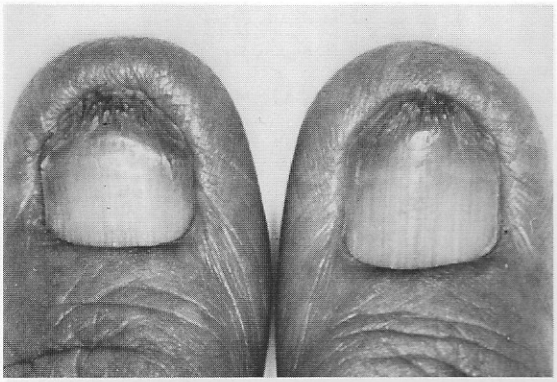

Fig. 2. Healing after treatment with triamcinolone intramuscularly monthly for half a year.

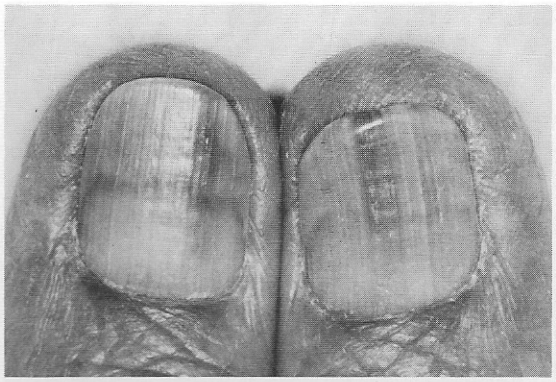

Fig. 3. Nails with longitudinal melanonychia, 2 years later.

healed proximally, regaining their normal appearance.

What is unusual is the appearance of longitudinal bands of melanonychia first after one year's treatment when the nails were almost healed, clinically. In this way it resembles the well-known secondary type of pigmentation which is seen when skin lesions are healing. The occurrence of red lunulae in our patient indicates that the inflammatory reaction had not been completely suppressed. One can therefore speculate that there is a low grade or a specific type of inflammation which induces an optimal stimulation of pigmentation—unless these phenomena are completely independent from the longitudinal melanonychia that appears as a characteristic of healing lichen planus.

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Nail-changes Induced by Penicillamine

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Peculiar nail-changes in a 70-year-old woman with rheumatoid arthritis occurring after approximately 1 year of penicillamine treatment are described. After cessation of treatment there was a gradual resolution with regain of normal nails after 7 months. Reinstitution of penicillamine treatment caused a recurrence thus proving a causal relationship between penicillamine and the described nail-changes. The fingernails were more affected than the toenails and clinically the changes consisted of absence of lunulae, longitudinal ridging, transverse or longitudinal defects of the nail-plate and a tendency of onychoschizia. *Key words: Rheumatoid arthritis; Side effects of penicillamine.*

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Several drugs have the ability to induce nail-changes (1). Thus pigmentary changes have been reported