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LETTER TO THE EDITOR / ED TÖRE MEKTUP

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Ectopic Nail without Trauma

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Travma Olmaksızın Gelişen Ektopik Tırnak

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Ektopik tırnak nadir görülen kazanılmış veya konjenital bir durumdur. Tırnak yatağı dışında farklı bir lokalizasyonda gelişmesi ile karakterizedir. Bir bayan hastada eşlik eden kemik anomalisi, ektodermik sendrom ya da travma olmaksızın gelişen ektopik tırnak olgusu sunuyoruz.

ABSTRACT

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Ectopic nail is an extremely rare disorder related to acquired or congenital anomalies. It is characterized by the growth of nail-like tissue in a location other than the nail bed. We present a case of spontaneous growth of ectopic nail on the finger of a female patient without bone anomalies or associated ectodermic syndromes and trauma.

To the editor:

Ectopic nail, which is also known as onychoheterotopia or onychoheterotropia, is an extremely rare disorder. Congenital and acquired deformities have been reported (1). We present a case of acquired spontaneous growth of ectopic nail on the finger of a female patient without bone anomalies or associated ectodermic syndromes and trauma.

A 50-year-old female patient presented to our clinic with a complaint of an additional nail over his right- middle finger for 2 years. On dermatological examination a nail-like structure was noted (Figure 1). An irregular nail growth was observed on the aforementioned finger. There was longitudinal furrowing of the adjacent normal nail. Other nails were normal. The patient didn't describe any pain. There was no skin alteration, hand or foot deformity, nor previous injury. X-rays showed no bony involvement. There wasn't any family history. A clinical diagnosis of ectopic nail was made and it was surgically excised under local anesthesia. Histopathological examination revealed a fully developed nail unit with a nail matrix and nail plate (Figure 2).

Ectopic nail is a rare disorder and it should be remembered in the differential diagnosis of distal finger masses (1). It is characterized by the growth of a nail-like tissue in a different location other than nail bed. Ectopic nails have been noted on the volar and dorsal aspects of the extremities and also on multiple sites on the same patient (2). Although congenital ectopic nails have been reported, most cases are secondary to trauma (3). The pathogenesis of the disease has not been clarified. Various theories tend to explain the genesis of ectopic nail: aberration in the long arm of chromosome 6, ectopic presence of stray germ cells, persistence of a rudimentary nail bed after regression of polydactyly and traumatic inoculation of onychocytes (1, 4).

The treatment of ectopic nail is surgical excision. If a wide defect occurs following excision, a skin flap or a V-Y advancement flap may be required to cover the defect. Recurrence following excision has been reported in a few patients (2). Our case of ectopic nail is very unusual because of the absence of previous trauma.

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Figure 1. Ectopic nail of right- middle finger

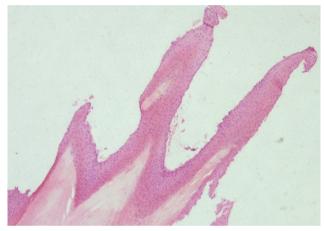


Figure 2. The nail matrix and nail plate (H&E X 4)

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