

Case Report

Habit tic nail dystrophy: a case report affecting single thumb nail

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ABSTRACT

Habit-tic deformity is a classic example of overlap between the domains of dermatology and psychiatry. Mostly seen in adults, it results from the habit of picking or pushing the cuticle backward. A case of habit-tic deformity of a single thumb nail is reported and the simple treatment measure adopted discussed.

Keywords: Body-focused repetitive behaviour, Habit-tic deformity, Nail dystrophy, Nail tic

INTRODUCTION

Habit-tic disorder is a form of nail dystrophy. It results from habitual external trauma to the nail matrix which manifests as nail plate changes.¹ It is an example of body focused repetitive behavior.² This condition is mostly seen in adults, and results from the habit of picking or pushing the cuticle backward.² The self-inflicted nail matrix trauma may be due to conscious or unconscious manipulation of the cuticle. Habit-tic dystrophy may be related to obsessive-compulsive behavior.³ Constant trauma to the distal matrix manifests initially as loss of nail sheen. Later the presentation is typically a central linear depression surrounded by parallel transverse ridges running from the proximal to the distal end. The nail resembles a washboard, hence the name washboard nails.⁴

CASE REPORT

A 36 year old male presented with a 3 year history of trauma to his right thumb nail. Although initially asymptomatic, few weeks later he developed itching on the dorsal aspect of right thumb. This led to frequent scratching and rubbing of the nail fold. The patient acknowledged the habitual manipulation of skin around his right thumb nail with his right index fingernail.

There was no significant past medical history or relevant medication records. There was no family history of similar nail changes. No specific treatment has been taken in the past 3 years.

Physical examination revealed median depressions in the right thumb nail with superimposed parallel, transverse ridging (Figure 1). There was no evidence of periungual dermatitis or chronic paronychia. With the above history and examination findings, a diagnosis of habit-tic deformity was made.



Figure 1: Median depressions in right thumb nail with superimposed parallel transverse ridging over right thumb nail.

The patient was made to understand the relationship between the habitual external trauma and his nail condition. To prevent the habitual manipulation of skin around his right thumb, he was advised to bandage the thumb daily with permeable adhesive tape to maintain a protective covering over eponychium near nail folds. Similar therapy with adhesive tape has been used in one of my earlier patients with success.

DISCUSSION

Habit-tic deformity is a form of nail dystrophy resulting from habitual external trauma to the nail matrix which manifests as nail plate changes.¹ The patient is often unaware of this behaviour. It is an example of body focused repetitive behaviour, in which there is an irresistible urge to repetitively perform a certain action.² This behaviour gets reinforced as it results in some degree of pleasure or relief.

This condition is mostly seen in adults, and it classically involves both thumb nails. When a single nail is involved it is usually the middle finger that is implicated.³ The habitual external trauma can be caused by any fingernail, but usually the contralateral thumb nail is the offending nail.

Constant trauma to the distal matrix manifests initially as loss of nail sheen. Later the presentation is typically a central linear depression surrounded by parallel transverse ridges running from the proximal to the distal end. The nail resembles a washboard, hence the name washboard nails.⁴

As habitual external trauma is the cause for the condition stoppage of this activity leads to spontaneous clearing of the defects. The hindrance of the activity must alter the habitual behaviour in such a way that normal nail can be maintained even after discontinuation of therapy. For a complete diagnosis and accurate treatment, it is crucial to assess the patient's mental health. The simultaneous treatment of the underlying psychiatric comorbidity if any is a must. Fluoxetine can be helpful in interrupting this compulsive disorder in adults.⁵

The therapy by bandaging the affected area daily with permeable adhesive tape is a cost effective method.⁶ The presence of an artificial cuticle may benefit the patient by

providing a barrier from other external factors, such as microbiologic or chemical insults.⁶ Always caution the patient about the possibility of developing an allergic contact dermatitis to tape components, which may require termination of this form of therapy.

The only reasonable differential diagnosis for this condition would be median nail dystrophy also called median canaliform dystrophy of Heller. But it is characterized by a central ridge running longitudinally in the nail plate, resulting in regular radiating ridges in a Christmas tree-like pattern.⁷

There is a shortage of data pertaining to the prevalence of habit tic nail dystrophy affecting a single thumb nail. As nail tic disorders have primarily cosmetic concerns, it is essential for clinicians to have adequate knowledge of its clinical presentation and associated psychological comorbidities.

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