

Seven-Year Follow-Up of a Congenital Nail Matrix Nevus

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Case Presentation

An otherwise healthy 4-year-old boy presented with a nail pigmentation of the second right toe that the parents reported he had had since birth. Clinically, we observed a melanonychia striata longitudinalis involving $\frac{1}{3}$ to $\frac{2}{3}$ of the nail, and on dermoscopy, homogeneous light-to-dark brown nail bands and fibrillar pattern on the proximal nailfold (micro-Hutchinson sign) (Figure 1). A diagnosis of congenital nail matrix nevus was thus established, and clinical monitoring over time was scheduled. At follow-up visits over the following seven years, we noticed significant changes in nail pigmentation. He had developed two dark broad bands involving at least the entire nail plate. Dermoscopic changes were related to longitudinal bands acquiring an irregular pattern with heterogeneous thickness, spacing, and color (Figure 1).

Teaching Point

Subungual melanocytic lesions in children are mainly due to congenital and congenital-type nail matrix nevi [1]. These benign entities may show an atypical clinical presentation, with a broad pigmentation involving up to the entire nail plate, associated with micro-Hutchinson sign and irregular dermoscopic criteria [2]. Considering the rarity of subungual melanoma in children, with just 21 cases described to date, and the higher frequency of benign longitudinal melanonychia, melanocytic lesions of the nail should be managed differently in this setting than in adults [1,2]. In most cases, a watch-and-wait monitoring strategy is the most appropriate approach, avoiding a biopsy of the nail matrix, often complicated by nail dystrophy and permanent scarring.

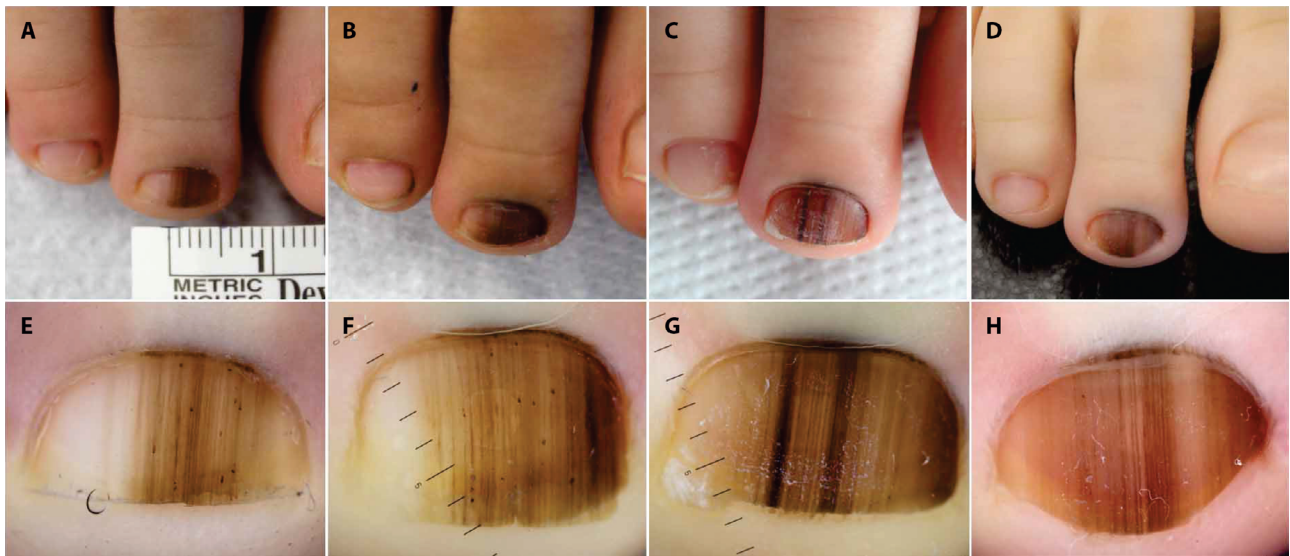


Figure 1. Clinical and dermoscopic evolution of melanonychia striata longitudinalis. (A-D) Dark brown pigmentation with a gradual variation of the width after 2, 4, and 7 years. (E-H) Dermoscopy shows regular nail bands turning heterogeneous in number and size over time.

References

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