PHALANGEAL EROSION WITH SUBUNGUAL WARTS

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Summary

Two cases of terminal phalangeal erosion by subungual warts are described. Demineralisation of bone has been reported previously due to many other pressure producing lesions but rarely due to viral warts. Remineralisation did not occur upto six months following treatment.

Destruction and erosion of the terminal phalanges is not uncommon and observed in conditions like leprosy, diabetic neuropathy, Raynaud's disease, syringomyelia, psoriasis[1], thromboangitis obliterans, erythropoetic porphyrias, rheumatoid arthritis[2], chondro-calcinosis[3], acro-osteolysis[4] and in vinyl chloride workers[5].

However, localised resorption of the terminal phalanges is quite uncommon. Benign and malignant tumours in subungual or periungual position by their pressure may cause localised resorption of the phalanges[6]. The erosion of terminal phalanx by subungual and periungual warts is extremely uncommon and has been reported rarely in literature[6,7]. We add two more cases of terminal phalangeal erosion caused by subungual warts.

Case Reports :

Case 1

Forty nine years old female patient presented with asymptomatic verrucous lesions in the periungual and subungual region of the right thumb for 6 years.

Local examination revealed firm, hyperpigmented, hyperkeratotic verrucous lesions. There was slight destruction of the nail plate as the lesion had grown subungually also. The fleshy portion of the terminal phalanx looked thin in compared to that of the other phalanges.

Case 2

Eighteen years old male patient presented with asymptomatic lesion on the left thumb similar to that of Case 1 of one year's duration. The nail plate was only slightly lifted at the anterior end by the subungual portion of the growth.

Except for these minor lesions both the patients were perfectly healthy and general physical examination did not reveal any abnormality. Routine laboratory investigations showed normal results. Biopsy specimens from both the patients confirmed the diagnosis of verruca vulgaris. X-ray of the affected thumbs showed penciling of the terminal phalanx in one (Fig. 1), and localised erosion of the bone in the other (Fig. 2). X-ray of the other phalanges did not show any bone erosion.

The lesions resolved after two months of weekly cauterisation with trichloracetic-acid. X-ray of one patient after

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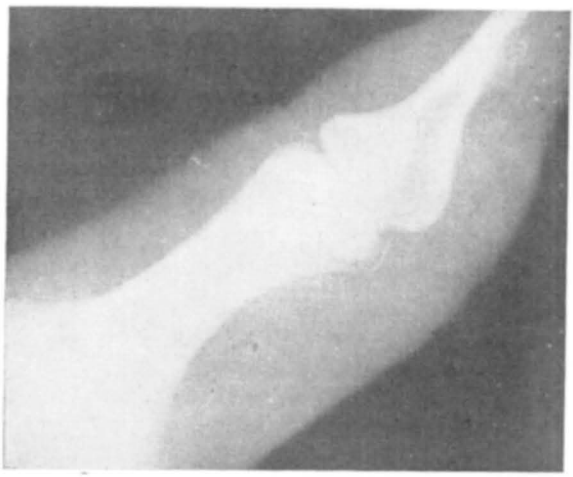

Fig. 1 Lateral view of the Rt thumb showing penciling of terminal phalanx.

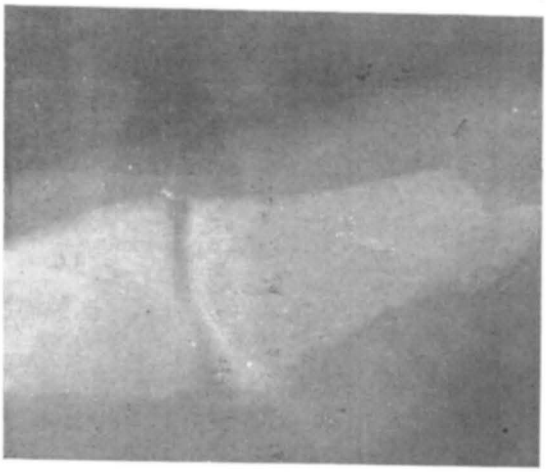

Fig. 2 Left thumb skiagram showing localised erosion of bone.

three months did not show any evidence of remineralisation. The other patient was lost to follow up.

Discussion :

Number of local conditions are known to cause destruction and resorption of bone by pressure. Erosion of the phalanx is seen in villo-nodular synovitis[8], metastatic malignancies[1], glomangioma, subungual verrucous lesions of tuberous sclerosis and giant cell tumours of tendon sheaths[9]. Gouty tophi can also lead to erosion and ultimately complete destruction of phalanx if big in size[10]. Erosion of the terminal phalanx of the finger has also been reported in subungual kerato-acanthomas and epidermoid carcinoma[11-13].

Skin infection with papova virus producing lesions of verruca vulgaris is quite common. Early lesions of epidermoid carcinoma and kerato -acanthoma at times may be indistinguishable from viral warty lesion clinically. The reported cases of bone erosion by verruca lesions have been mostly reported on clinical diagnosis[11]. Biopsy confirmation of diagnosis is essential before attributing the erosion as due to verruca vulgaris only.

Complete remineralisation of the bone has been reported after the pressure causing verruca lesions was removed[6]. One of our patients observed over a period of three months after the lesions had been treated by scraping and cauterisation did not show any evidence of bone regeneration.

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