# PINCER NAIL DEFORMITY

A K Patra, V D Tiwari

Pincer nail deformity affecting the toe nails in a boy was seen with similar involvement of nails treaceable in two previous generations. The probable aetiology is discussed.

Key Word: Pincer nail deformity

#### Introduction

Pincer nail deformity is a type of onychodystrophy characterised by transverse overcurvature that increases along the longitudinal axis of the nail and reaches its greatest proportion at the distal part. It may affect finger or toe nails and several nails may be involved. It is attributable to either developmental or acquired causes.

# Case Report

An 8-year-old boy born out of a non-consanguinous marriage presented with history of excessive and increasing curvature of all 10 toe nails since birth. He was otherwise asymptomatic. His mother and maternal grandfather had similar overcurvature of all toe nails.

Examination revealed increased transverse curvature in the long axis of all toe nails without penetration of epidermis (Fig. 1). Finger nails, hair, mucosa and patella were normal. There were no palmoplantar keratoderma or epidermal cysts. General and systemic examinations were normal.

### Discussion

The various causes put forward for



Fig. 1. Close up view showing increased transverse curvature of nails without penetration of epidermis

overcurvature of nails leading to pincer nail deformity are psoriasis, ill-fitting shoes or developmental.<sup>3</sup> Also most of the cases reported involvement of great toe only.

This case appears to be hereditary in nature with autosomal dominant pattern manifesting in 3 generations. This is correlated well by involvement of all toe hails as opposed to single nail involvement probadly due to other causes.

### References

- Baran R. Pincer and trumpet nails. Arch Dermatol 1974; 110: 639.
- Samman P D. The nails in disease. 3rd Edn. London: Heinemann, 1978; 144.
- Dawber R P R, Baran R. The nails. In: Textbook of Dermatology (Rock A, Wilkinson D S, Ebling FJG, et al, eds), 4th edn. Oxford: Blackwell Scientific Publications. 1986; 2065.

From the Department of Dermatology, Military Hospital, Bareilly Cantt-243004, India

Address correspondence to : Dr A K Patra