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CLINICAL QUIZ

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An Unusual Case of Paronychia

Case Presentation

A 69-year-old Malay lady was referred to the dermatology clinic with complaint of painful nail-beds of fingers and toes for the past 10-weeks. She was recently diagnosed with non-small cell lung carcinoma stage 1V and was started on oral Afatinib 40 mg, then tapered to 30 mg daily after 2 weeks due to severe oral ulcers which then improved. Four weeks post-treatment she started noticing acute nail symptoms, her fingers and toes being were swollen, red and tender. She also had intermittent diarrhoea. There were no other associated symptoms of fever, rash, arthritis and numbness. No history of trauma or history of pedicure and manicure.

Further history she also revealed that she had blackish discoloration of the left big toe-nail for 3-years. She is a non-smoker, no significant family history and no past medical history. She had history of hysterectomy in 1997 due to fibroids and is now a retired economist living with her husband and has no children. Prior to referral to dermatologist she was treated with a week of oral Erythromycin 400 mg bd for suspected bacterial induced paronychia, with topical fucidin and clotrimazole bid, by her oncologist, but condition did not improve.

Blood results showed full blood count Hb-12.4 g/dl, WBC-5.8x109 /l, Platelet-369x109 /L. Renal profile and Liver function test were normal. ESR was 21 mm/hr. Calcium, phosphate and fasting blood glucose also in normal range.

Based on the pictures below, what is the most likely diagnosis?

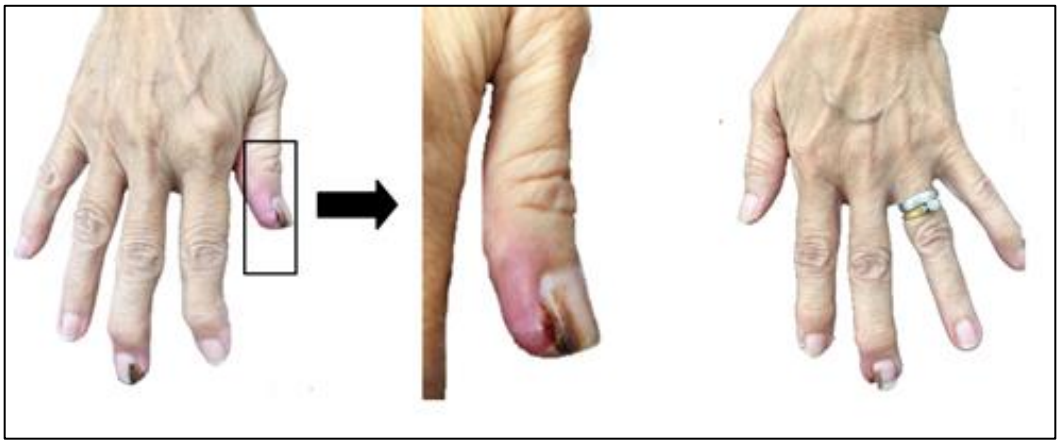

Figure 1 (a) Bilateral middle and index fingers showed grade 1-2 paronychia (nail-fold erythema and oedema). Right thumb had grade 2 paronychia (centre picture) with bogginess or 'pyogenic-granuloma like' eruption

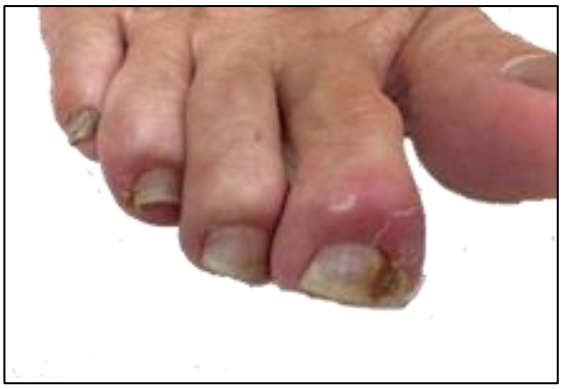

Figure 1 (b) Grade 1 paronychia seen on 1st and 2nd toes of right foot. Similar lesions also seen on toes of the left foot (no picture).