

Onychomatricoma with Honeycomb-Like Cavities

A 37-year-old male presented with asymptomatic but slowly progressive nail deformity of the right index finger for 5 years. The nail of the right index finger developed slight yellowish streaks and thickening of the nail plate 5 years back, which progressed gradually to attain the current status. On naked eye examination, the surface of the nail plate showed leukonychia, xanthonychia, and splinter hemorrhage. The swelling of the proximal nail fold was also noticed [Figure 1a]. The free edge of the nail plate revealed hyperkeratosis, thickening, and increased transverse curvature [Figure 1b]. Dermoscopy of the nail plate demonstrated longitudinal parallel white and gray lines, parallel lesion edges, and pinkish background [Figure 2a]. At the free edge, apart from thickening and over curvature; dark dots, nail pitting, and honeycomb-like cavities were seen [Figure 2b]. The potassium hydroxide (KOH) test for fungus was negative. The patient was suggested

a biopsy, but he declined any invasive procedures. Based on classic clinical and dermoscopic findings, it was diagnosed as onychomatricoma.

Onychomatricoma is a rare, slow-growing, painless, benign fibroepithelial tumor of the nail matrix consisting of digitating longitudinal projections corresponding to white/yellow bands.^[1] These digitations end at the distal edge and are seen as perforations/cavities filled with serous fluid, blood, or cornified cells.^[2] Close clinical differentials are onychomycosis, unguis fibrokeratoma, periungual fibroma, osteochondroma, onychopapilloma, subungual squamous cell carcinoma, and subungual exostosis.^[3]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported

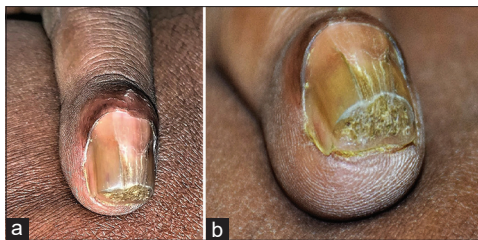


Figure 1: (a) Nail plate surface showing leukonychia, xanthonychia, and splinter hemorrhage. (b) Free edge of nail plate had hyperkeratosis, thickening, and increased transverse curvature

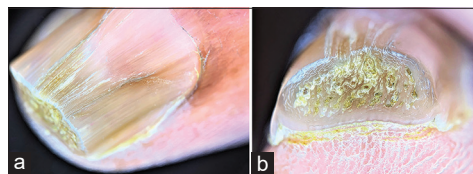


Figure 2: (a) Dermoscopy of the nail plate showing longitudinal parallel white and gray lines, parallel lesion edges, and pinkish background (10×, DL3N Polarized). (b) Dermoscopy of the free edge of the nail plate showing dark dots and honeycomb-like cavities (10×, DL3N Polarized)

**Anup K. Tiwary,
Piyush Kumar¹**

*Department of Dermatology,
Venereology and Leprosy,
Subharti Medical College,
Meerut, Uttar Pradesh,
¹Department of Dermatology,
Katiyar Medical College,
Katiyar, Bihar, India*

Address for correspondence:
Dr. Anup K. Tiwary,
D 302, Jeevan Ashray
Apartment, C 58/08, Sector 62,
Noida, Uttar Pradesh, India.
E-mail: anup07tunnu07@gmail.
com

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in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

References

1. Lesort C, Debarbieux S, Duru G, Dalle S, Poulhalon N, Thomas L. Dermoscopic features of onychomatricoma: A study of 34 cases. *Dermatology* 2015;231:177-83.
2. Okon LG, Saedi N, Schwartz L, Lee JB. A case of onychomatricoma: Classic clinical, dermoscopic, and nail-clipping histologic findings. *J Am Acad Dermatol* 2017;76(2S1):S19-21.
3. Haneke E. Benign tumors. In: Singal A, Neema S, Kumar P, editors. *Nail Disorders A Comprehensive Approach*. 1st ed. Boca Raton: CRC Press; 2019. p. 363-4.