

Nail changes after chemotherapy

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A very rare disturbance to nails after chemotherapy is melanonychia (hyperpigmentation of the nails).

Melanonychia has been reported in patients receiving hydroxyurea for chronic myelogenous leukemia,^{1,2} polycythemia vera¹ and, more recently, for sickle cell disease.³

Hydroxyurea can induce horizontal hyperpigmentation of the nails but there are only a few cases with the hydroxyurea-induced longitudinal form of hyperpigmentation.^{1,2}

We report a case of 51-year-old woman with essential thrombocythemia who received hydroxyurea (1.5 g daily). Melanonychia appeared after four weeks of treatment with hydroxyurea. The 10 nailbeds showed heterogeneous patterns of non-painful longitudinal dark brown bands to the base of the nails, as well as diffuse horizontal bands of hyperpigmentation (Figure 1). The nails did not appear to be thickened or atrophic and the adjacent skin was normal. No biopsies were taken. Neither the toe nails nor mucosa have been involved to date. The patient did not consider discontinuing hydroxyurea because of this undesirable cosmetic effect.

The precise mechanism remains unknown and apparently it is not a dose-dependent lesion. When the cause of longitudinal melanonychia is not clinically apparent, biopsy of the nail matrix and the nailbed should help to establish it.⁴

References

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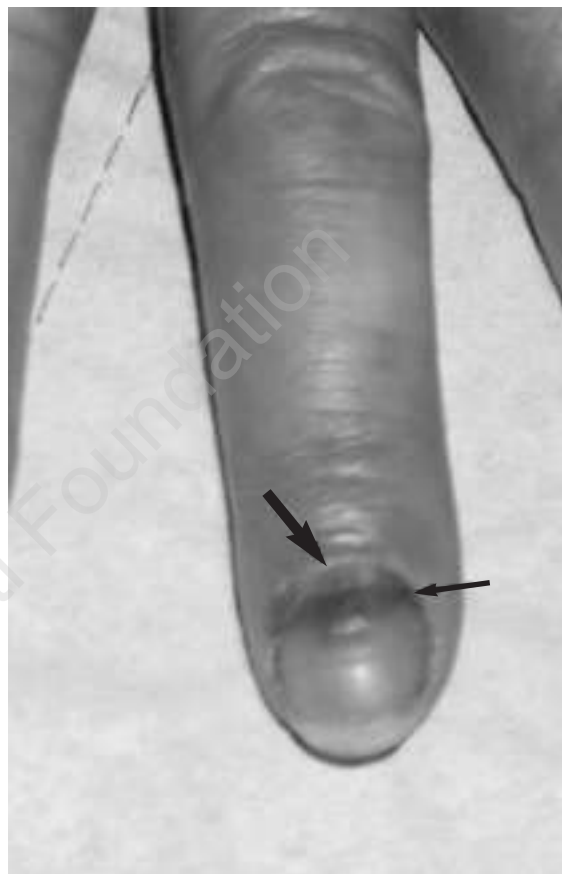


Figure 1. Fingernail of a 51-year-old woman with essential thrombocythemia and hydroxyurea-induced melanonychia characterized by longitudinal (larger arrow) and diffuse horizontal (smaller arrow) bands.

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