Nail lichen planus

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This presentation will discuss treatments that are not FDA approved
Nail lichen planus

Prevalence

rare
adults > children
both sexes equally affected
skin or mucosal LP (1-10% of patients)
isolated nail involvement common

Nail lichen planus

Different clinical varieties

“typical” nail matrix LP
nail bed LP
trachyonychia
YNS-like features
idiopathic atrophy of the nails
bullous-erosive LP
“Typical” nail matrix LP

longitudinal ridging and fissuring : onychorrhexis

nail plate thinning

dorsal pterygium
“Typical” nail matrix LP

Dorsal pterygium
matrix destruction
adhesion of PNF to nail bed
rare (<5% of cases)
usually 1 nail
not related to disease duration
Nail bed LP

Onycholysis

Mild subungual hyperkeratosis

Pup tent sign

Usually associated with nail matrix LP
Trachyonychia

Clinically identical to T due to other conditions

Sandpapered nails

Benign course
Yellow-nail syndrome-like changes

Tickened yellow
Toenails

Patients usually have
typical fingernal
changes

Idiopathic atrophy of the nails

rapid development
nail atrophy with/without pterygium
several/all nails
onset in young age
frequent in Indians

Bullous/erosive nail LP

Extremely rare
Painful nail erosions
1-2 toenails
Pathology needed for diagnosis
Scarring outcome
Nail lichen planus in children

Not exceptional (11% of all patients with nail LP)
Males > females
‘Typical’ LP in half of patients
Dorsal pterygium rare

Nail lichen planus

Differential diagnosis

age-related nail changes
systemic amyloidosis
graft versus-host disease
lichen striatus
traumatic nail lesions
bullous diseases
psoriasis
yellow-nail syndrome
Age-related nail changes

longitudinal ridging but not fissuring
normal nail thickness
Systemic amyloidosis

longitudinal ridging and distal splitting
splinter hemorrhages
Graft versus host disease

longitudinal ridging and distal splitting
longitudinal erythronychia
dorsal pterygium
Lichen striatus

Children

One nail

LP changes
confined to one side of the nail

Lichen striatus

linear skin changes
not always present

spontaneous regression
Traumatic nail dystrophies

pterygium due to surgery or acute nail traumas

Dorsal pterygium secondary to surgical removal of a band of melanonychia
Bullous diseases
  nail destruction

Bullous pemphigoid  Epidermolysis bullosa

Diagnosis is based on clinical history and pathology
Psoriasis

Diagnosis may require pathology
Pathology

The site of biopsy should be chosen according to the clinical features:

- **Nail matrix biopsy**
- **Nail bed biopsy**

A longitudinal nail biopsy is always diagnostic.
Treatment

Not all clinical varieties should be treated

TREAT

“typical” nail matrix LP
nail bed LP
idiopathic atrophy of the nails
bullous-erosive LP
trachyonychia

DO NOT TREAT

dorsal pterygium
YNS-like features
Treatment

Systemic steroids
Intralesional steroids
Acitetrin
Biologics
Jak inhibitors
Topical tacrolimus
Treatment
Systemic or intralesional steroids depending on number of nails involved

“typical” nail matrix LP
nail bed LP
YNS-like features
bullous-erosive LP

*Lichen planus of the nails involving 1-3 digits* is an indication for intralesional steroid treatment
Systemic steroids

i.m. triamcinolone acetonide 0.5 mg/kg/month for 3-4 months then tapered off
Treatment of nail lichen planus with systemic steroids

67 patients

cure: 44 (66%)
improvement: 9 (13%)
no response: 14 (21%)

Patients who did not respond systemic steroids did not improve with the addition of azathioprine nor with treatment with systemic retinoids

Nail Lichen Planus: Successful Treatment with Etanercept

Abstract

Background
Etanercept is a fully human tumor necrosis factor a receptor fusion protein that binds tumor necrosis factor a with greater affinity than natural receptors. Biologics are widely used in the treatment of psoriasis and psoriatic arthritis and may represent a new therapeutic option for some patients with psoriatic nail disease.

Case Report
We report a case of lichen planus limited to the toe nails successfully treated with etanercept monotherapy.

Conclusion
The significant improvement of our case suggests that etanercept is an effective treatment modality for lichen planus limited particularly to the nails. Further controlled studies are needed to establish the effectiveness and therapeutic regimes.

Key Words: Nail lichen planus, Treatment, Biologics, Etanercept

Treatment of nail lichen planus

Jak inhibitors

Trachyonychia

Patients with severe nail disease can seek for treatment

Efficacy of tofacitinib recently reported
Treatment of nail lichen planus

Jak inhibitors


Treatment of nail lichen planus

Jak inhibitors

Six patients published until now, none with trachyonychia due to LP

All of them also had trachyonychia and alopecia areata

Two required more than 5 mg twice a day

Nail improved even in patients who did not regrow hair
Treatment of nail lichen planus

Jak inhibitors

No information on long term benefit

Alopecia areata relapses after drug discontinuation and even during treatment

Seems aggressive approach for a benign disease
Long term follow-up (>5 years) of patients with nail LP

Outcome

27 patients

cure: 12 pts (44%)
mild thinning and ridging: 2 pts (7%)
relapsed: 13 (48%)
Long term follow-up (>5 years) of patients with nail LP

Associated diseases

4 patients developed onychomycosis
(3 toenail DSO, 1 fingernail DSO)
cured by systemic antifungals

Predisposing role of steroids or LP?
Nail lichen planus

**Take home message**

Several clinical presentations
Pathology needed to confirm diagnosis
Nail matrix LP requires immediate treatment to prevent scarring
Systemic or intralesional steroids effective
Relapses may occur
Thank you!
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