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Dermoscopic Findings in Onychomycosis

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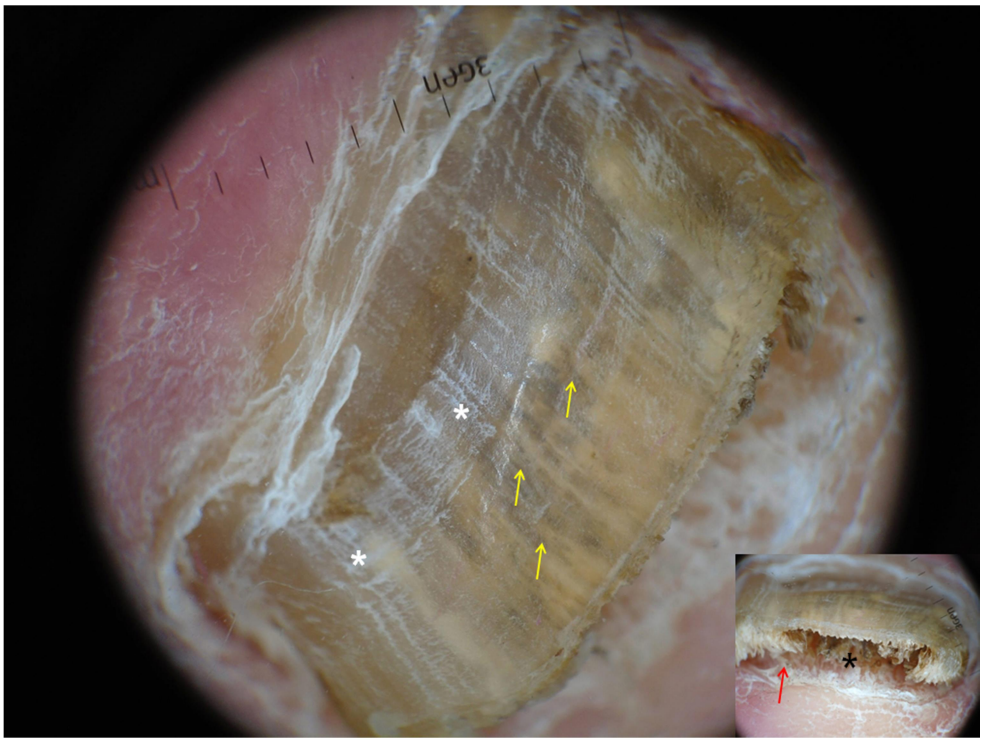

Fig. 1. Dermoscopic findings of onychomycosis showing "yellow streaks" (*yellow arrow*), subungual keratosis (*red arrow*), onycholysis (*black asterisk*), and scales on the nail plate (*white asterisk*)

Onychomycosis (OM) is a fungal infection of the nails, which is the most common cause of nail diseases. Affected nail plates show color changes such as white or yellow, or less frequently brown

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and black. Additional signs include a thickened nail, subungual keratosis, onycholysis, and scales. Various methods such as potassium hydroxide smear, fungal culture, and histopathologic examination of periodic acid-Schiff (PAS) or Grocott-Gomori's methenamine silver (GMS) stained nail clippings are usually used to diagnose OM. However, sensitivities of potassium hydroxide smear and fungal culture are low with 55.9% and 29.4%, respectively[1]. Microscopic examination of nail clippings using PAS or GMS staining is a more sensitive examination. However, it takes several days to get the result.

Recent reports suggest that dermoscopy can be useful in the diagnosis of OM. Dermoscopic patterns in the affected nail show white or yellow streaks, subungual keratosis, onycholysis, and scales (Fig. 1). White or yellow streaks describe discrete white or yellow lines oriented parallel at the distal area of the nail plate[2]. Subungual keratosis denotes hyperkeratosis of the subungual area under the distal margin of the nail plate[2]. These changes reflect fungal invasion of the nails[2,3]. Because dermoscopy is an easy and quick tool in the daily clinical practice, it can be a helpful adjunctive tool for diagnosing OM. Recognizing dermoscopic patterns of OM can improve its diagnostic accuracy.

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Key Words: Dermoscopy, Mycoses, Nail, Onychomycosis, Onychoscopy

Conflict of interest

In relation to this article, I declare that there is no conflict of interest.

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