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# **Clinical Medical Image Library**

**IMAGE ARTICLE** 

## **Retronychia: About Two New Cases**

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## Introduction

Retronychia is a rare form of proximal incarnation of the nail plate, responsible for inflammation of the proximal suprungual fold. This little-known pathology is often found in the feet, and is often underdiagnosed. We report two new cases of this onychopathy, with an atypical location and mechanism of occurrence.

#### **Observations**

#### Case 1

A 24-year-old patient presented for 2 months a chronic paronychia of the proximal fold of the nail of

the 3<sup>rd</sup> left finger, hindering the daily activities of the young soldier. The examination found a painful proximal perionyxis on the pressure of the 2<sup>nd</sup> finger of the left hand with nail dystrophy and greenish brown coloring of the nail with no nail growth for 6 months (Figure 1). The questioning revealed the notion of a trauma to the same finger during a fight with the notion of a tendon sprain and wearing of an immobilization splint for 21 days, 3 months before his consultation in our department. Surgical avulsion of the affected nail was performed, confirming the diagnosis of retronychia by identifying 2 overlapping nails.



Figure 1: Nail dystrophy and greenish brown coloring of the nail with no nail growth for 6 months.



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#### Case 2

A 56-year-old woman, with no notable medical history, consulted for localized pain in the lateral fold of the left big toe which had been evolving for four months. The interrogation found a notion of repetitive strain injuries from wearing tight shoes and an absence of growth of the affected nail for over than 8 months. The examination revealed a painful proximal perionyxis of the left big toe, with oozing through the suprungual fold (Figure 1). Surgical avulsion of the nail was performed confirming the diagnosis and allowing complete healing.

## **Conclusion**

Retronychia is a rare pathology but which should remain in our minds, only surgical treatment is effective.

## **Sources of Support**

Nil.

### **Author Contibution**

All authors' contributed equally.

