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Squamous Cell Carcinoma of the Nail Bed: a Case Report

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The authors report a case of squamous cell carcinoma of the nail bed with multiple metastases including a **metastasis of the median nerve**. This particular site raises the problem of the mechanism of dissemination and the aggressiveness of this squamous cell carcinoma of the nail bed contrasts with the data reported in the literature.

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ABSTRACT INTRODUCTION CASE PRESENTATION DISCUSSIO

Subungual Squamous Cell Carcinoma (SCC) is the most common malignancy affecting the nail bed. About 150 cases of subungual SCC have been reported in the literature. It usually involves the thumb, the index finger and only rarely, the toes.Subungual SCC runs an indolent course and may present with minimal symptoms. Diagnostic confusion emerges because many chronic lesions of the nail bed may be clinically similar to SCC.Although SCC of the nail bed is considered a low-grade malignancy, bone in...

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squamous cell carcinoma of the nail bed; a biopsy of **chronic recurrent nail bed lesions** should be performed. Key words: **carcinoma**, **squamous cell**; **nail diseases**; **surgical flaps** INTRODUCTION **Squamous cell carcinoma** (**SCC) of the nail bed** is a rare disease. Its diagnosis can be easily missed or delayed, because the clinical presentation is not

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Squamous cell carcinoma of the nail bed: A case report

Peng-Fei Li, Ning Zhu, Hui Lu

Abstract

BACKGROUND

Squamous cell carcinoma (SCC) of the nail bed is a poorly reported malignant subungual tumor. Since its nonspecific symptoms and signs, it is frequently misdiagnosed by dermatologists or surgeons encountered. Delay in diagnosis and wrong treatment might increase the possibility of disease progression. Thus, new perspectives are urgent to infuse into dermatologists and surgeons. This rare case presented a two-year delay in the diagnose of SCC which teaches us a valuable lesson.

CASE SUMMARY

A 62-year-old female presented with a non-healing subungual growth in the nail bed of the right middle finger for two years. The lesion was firstly medicated with iodine by the patient herself without any relief. 20 mo later, a dermatologist diagnosed the lesion as paronychia and treated with nail avulsions repeatedly with no obvious alleviation. A lesionectomy confirmed the lesion was SCC. Extended excision of the tumor with amputation of the distal interphalangeal joint was done subsequently. Biopsy of sentinel lymph nodes was proved negative. Together with the result of preoperative PET-CT scanning, sweeping of axillary lymph nodes was considered dispensable and thus was skipped. Follow-up of two years showed quick recovery and no sign of recurrence.

CONCLUSION

Our successful diagnosis and treatment of the case highlight the need of extra attention for long time non-healing lesions of the nail bed and the necessity of discreet evaluation and customization of the surgical intervention.

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