

## Nail Lichen Striatus Affecting Adjacent Nails: A Sign of Blaschko Lines

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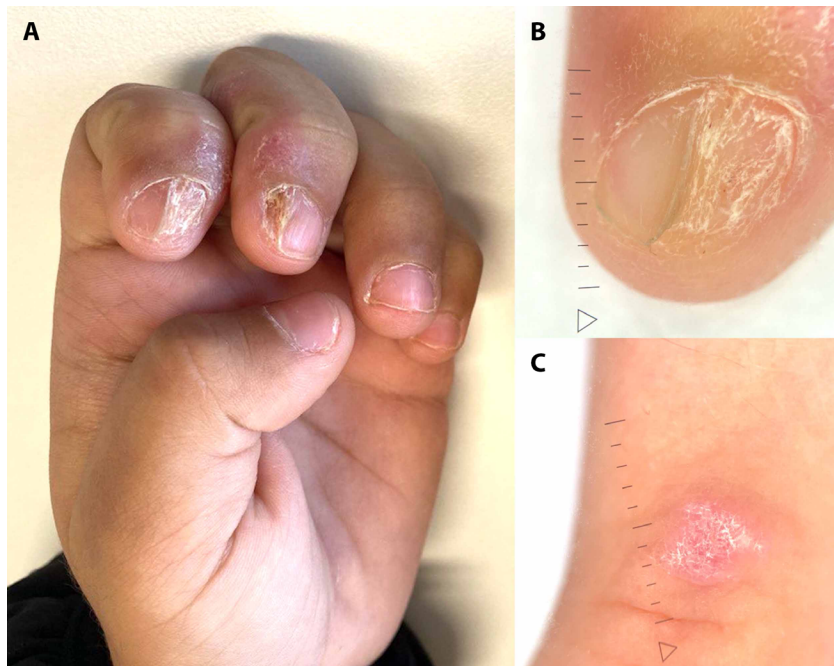
### Case Presentation

A 5-year-old boy presented a 10-month history of an asymptomatic linear eruption affecting the later aspects of his left index and medial surface of the medium finger, which had gradually spread to the periungual skin, the nail bed and matrix causing an acquired nail plate dystrophy. Physical examination revealed multiple pinkish and hyperkeratotic papules of the affected digits associated with mild erythema of proximal nail folds. The two nail plates were only partially involved, showing longitudinal splitting and ridging associated with splitting and hyperkeratosis of the distal margin (Figure 1A). Onychoscopy enhanced the detection of the longitudinal streak, distal splitting, punctiform and splinter hemorrhages in the nail bed (Figure 1B). The skin papules tended to coalesce near the proximal nail folds, displaying a reticular white-yellowish structure with fine scales and peripheral radial capillaries (Figure 1C). Based on clinical

findings, a diagnosis of lichen striatus (LS) was posed. The patient was treated with topical mometasone furoate 0.1% cream twice a day for three months, leading to complete resolution of skin lesions; nail changes resolved completely within one year with no recurrence.

### Teaching Point

The involvement of the nail unit in LS is rare and generally localized to a single nail, either or not in association with cutaneous lesions [1,2]. The involvement of two adjacent nail plates reminds us of its blaschkoid distribution, a diagnostic clue of LS. Dermoscopy reveals distinctive features of nail LS, such as longitudinal white-yellowish streaks or lines parallel to the nail bed, interrupted by hyperkeratosis. These findings help to avoid unnecessary biopsies, given the disorder's positive prognosis.



**Figure 1.** Nail lichen striatus. (A) Clinical presentation: multiple pinkish papules with blaschkoid distribution, affecting the left index and medium finger with partial involvement of the two adjacent nail plates. (B) Onychoscopy reveals longitudinal ridging, distal splitting and splinter hemorrhages in the nail bed. (C) Dermoscopy of skin papules shows a slight erythematous background and reticular white-yellowish structure covered with whitish scales.

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