

Case Report

Habit nail tic disorder: onychotillomania involving thumbs and toes responding to fluoxetine

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ABSTRACT

Habit nail tic disorder is a type of nail dystrophy caused by repetitive trauma to the nail matrix. It is a body-focused repetitive behavior that is commonly reported among adults and may or may not be associated with obsessive-compulsive behavior. In this report, we present a case of a 12-year-old adolescent girl who had a central furrow with longitudinal ridges running parallel from the proximal to the distal end of both her thumbnails and toenails, giving them a "washboard" appearance and diagnosed as habit nail tic disorder, and treatment involved fluoxetine 20 mg and the application of permeable adhesive tape to protect the nails from external trauma. There was a positive response observed two months after the beginning of the treatment and the nail matrix resolved spontaneously.

Keywords: Onychotillomania, Body focused repetitive behaviour, Fluoxetine

INTRODUCTION

Habit nail tic disorder is an acquired psychodermatological condition.¹ In which a person presents with dystrophic changes in nails caused by repetitive external trauma to the nail matrix.² Habit nail tic disorder is also known as onychotillomania, the terminology has been derived from the Greek words onycho (nail), tilo (to pull), and mania (madness). This is a kind of body-focused repetitive behavior that may be associated with other body-focused repetitive behaviors like trichotillomania or onychophagia (nail biting) and can be regarded as obsessive-compulsive and related disorder.^{3,4} It is more commonly seen in the adolescent age group.⁵

It typically affects either one or both thumbs presenting with a longitudinal central furrow that gives a typical washboard-like appearance.^{2,6,7} Patients with this condition may use their nails or any other tool consciously or unconsciously to pick, pull, or excessively manipulate the affected nails.^{8,9}

CASE REPORT

A 12-year-old adolescent girl presented to the outpatient department who has been referred from the dermatology department with complaints of repetitive nail-picking behavior for the last 1 year 6 months which involved both thumbs and as well as both toenails. Her nail-picking behavior was first observed by her mother. According to the patient, she performed this kind of behavior mostly in a subconscious state and it was not associated with any pleasurable feelings. Examination revealed a central longitudinal furrow with transverse parallel ridges that extend from the proximal to the distal portion of the nail which gave a typical washboard appearance. The rest of the fingers and toenails were normal. Her mental status didn't elicit any anxiety or obsessive-compulsive disorder. Family history was unremarkable for this condition. The child had been performing well at school and in extracurricular activities. She expressed that she often felt embarrassed because of the nail lesions. A diagnosis of habit nail tic disorder involving the thumb finger and toe

was made based on physical examination. The decision was made to start treatment with tablet fluoxetine 20 mg once daily along with a physical barrier applied to nails

like permeable adhesive tapes to protect her nails from external repetitive trauma.

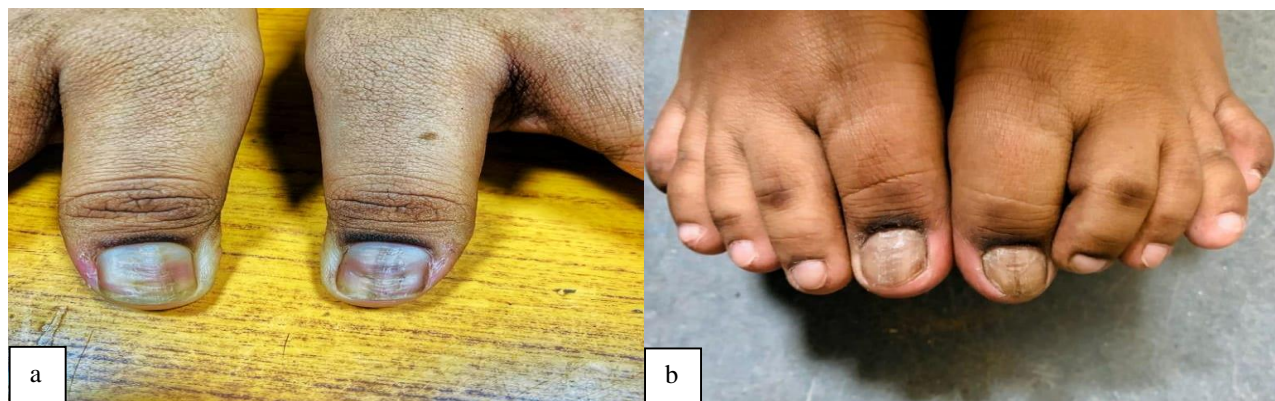


Figure 1 (a and b): Thumb and toenails of the patient with longitudinal transverse ridges which resulted due to nail habitual nail pricking.

DISCUSSION

Onychotillomania is a nail dystrophic disorder that is the result of repetitive external trauma to the nail matrix. According to a recent classificatory system it is classified under unspecified body-focused repetitive behavior according to DSM 5 and recently published ICD 11.^{10,11} Most commonly it occurs in young adolescents or adults people who are otherwise normal but sometimes it can coexist with other mental disorders like anxiety, depression, dermatitis artefacta, or other obsessive-compulsive disorders.¹² The affected individual performs the nail-focused repetitive behavior consciously or unconsciously so sometimes they might be unaware about the act. The nails have a characteristic pattern with a central furrow and longitudinal ridges running parallel to it from the proximal to the distal end of the nail. The main challenge is to explain the causal relationship between external trauma and the change in the nail matrix. Once the patient with habit nail tic disorder stops manipulating the skin or cuticle overlying the affected nail matrix, the nails start to grow back normally

Usually, this disorder is observed more commonly in adults. However, in this case, the patient was a 12-year-old adolescent girl. It is also unique because it involves two thumb fingers and two great toe fingers. In this case, treatment was started with a low dose of fluoxetine initially 10mg later dose was increased to 20 mg, along with other medical management like a physical barrier to reduce trauma to the nail bed such as glue, tape, bandages, psychotherapy (CBT sessions), relaxation techniques were toughed to control stress and anxiety and favourable response were gradually seen in a course of 6 weeks. A study reported fluoxetine stops nail picking in adult males at only 20 mg.¹³

It is important to conduct a comprehensive assessment of a patient's mental health before deciding on the most

appropriate treatment. While there is a lack of evidence-based research to support their usefulness and effectiveness, various methods have been used to treat nail tic disorders. Although SSRIs have been found to be beneficial in treating severe onychotillomania, some patients with comorbid psychiatric illnesses may develop mania as a side effect of this treatment. Therefore, it is crucial to conduct a thorough evaluation of the patient's condition, including the intensity of the disorder and any accompanying mental illness, and tailor the therapy accordingly.

CONCLUSION

Onychotillomania falls under the spectrum of body-focused repetitive behaviours that are often underdiagnosed in clinical settings. It presents as a diagnostic as well as a therapeutic challenge since it may have other concurrent psychiatric conditions associated and might require a multidisciplinary approach. Pharmacological as well as non-pharmacological methods- including cognitive behavioural therapy (CBT), and physical barrier approaches have been reported to be effective. In this case report, fluoxetine had a favourable effect in treating onychotillomania. However, more extensive research should be conducted around pharmacological treatments before generalizing these outcomes.

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