



Hyperkeratotic Plaque

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A 22-year-old female presents with a 10-month history of multiple white to flesh-coloured hyperkeratotic papules that have coalesced into a plaque on her right middle finger.

1. What is the diagnosis?

- Psoriatic nail disease
- Subungual warts
- Subungual osteochondroma
- Subungual hyperkeratosis

2. What are the treatment options?

- Liquid nitrogen cryotherapy
- Laser treatment
- Topical podophyllin
- Any of the above

Subungual warts are caused by human papillomavirus types 3 and 10; less commonly, they may be caused by types 26 to 29 and 41, which are trophic to human skin. Typically, subungual warts present as multiple firm, rough, yellow-brown or flesh-coloured papules that may coalesce into a mosaic plaque with part of the lesion underneath a nail. What appears to be a small wart on initial inspection may actually have a large subungual component. In individuals with immunodeficiency or immune reconstitution syndrome, the warts can be extensive and of a large size.

Subungual warts can be painful and cosmetically unsightly, and they may damage the nail bed and



distort the nail. Affected individuals can spread the disease to other individuals or to unaffected skin elsewhere on their own bodies (*i.e.*, autoinoculation).

Subungual warts are notoriously difficult to treat, and recurrences are common. Treatment options include liquid nitrogen cryotherapy, electrocoagulation, CO₂ or pulsed dye laser therapy, and topical podophyllin, alone or in combination with salicylic acid. **Dx**

Answers: 1-b; 2-a

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