

Innovations

A simple cost-effective remedy for habit-tic deformity

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PROBLEM

A 25-year-old male, employed as a software engineer, presented to the dermatology outpatient department with the complaint of depressions over both thumbnails for one year. The patient reported a history of frequent unintentional rubbing of proximal nail folds of both thumbnails by the fingertips of his index fingers and pulling of hangnails. Examination of nail units revealed loss of the cuticle, enlarged lunula (macrolunula) along with median depressions, and parallel transverse ridges involving the nail plates of both thumbnails. Hangnails and punctate hemorrhagic spots were noted on the proximal and lateral nail folds without any evidence of dermatitis, psoriasis or chronic paronychia [Figure 1a]. The patient did not have any other illness. Based on history and examination, a diagnosis of habit-tic deformity with perionychotillomania was made.

SOLUTION

To address the habit-tic deformity with perionychotillomania, a multifaceted approach was implemented. Initially, the patient was advised to avoid manipulating the proximal nail folds and to apply a moisturizer over the proximal nail folds and the nails for a month. However, compliance was challenging for the patient. Subsequently, a solution involving micropore paper hypoallergenic surgical tape was proposed. The patient was instructed to apply the tape over both thumbnails, covering the proximal nail folds for three months [Figure 1b]. In



Figure 1: (a) Loss of the cuticle, enlarged lunula (macrolunula), median depressions, and parallel, transverse ridges involving the nail plates along with hangnails and punctate hemorrhagic spots on the proximal and lateral nail folds. (b) Application of micropore paper hypoallergenic surgical tape over both thumbnails, covering the proximal nail folds. (c) Significant improvement in the appearance of thumbnails at the end of three months.

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addition, a psychiatry consultation was obtained revealing mild anxiety symptoms. Cognitive behavior therapy was initiated to address the underlying psychological aspect. Over three months, there was a significant improvement in the appearance of thumbnails [Figure 1c], with the patient reporting a cessation of rubbing the proximal nail folds. The use of micropore tape and psychological intervention proved effective in managing the habit-tic deformity with perionychotillomania.

Ethical approval

The Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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