

## Isolated Racquet Nail Due to Traumatic Acral Osteolysis

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### Case Report

A 14 years old male presented to outpatient department for evaluation of nail changes in right middle finger. Patient had history of bicycle trauma to middle finger before 1 year. On examination, shortening and broadening of nail was present (Figure-1). There was no longitudinal ridging, onychodystrophy or pterygium formation. Dental and hair examination was also normal. Intellectual abilities and neurological development were normal according to age. There was no relevant family and developmental history. No history of Raynaud's phenomenon. On further blood investigations, complete blood count, Serum Calcium, phosphorus, magnesium, Serum vitamin D3, parathormone and thyroid stimulating hormone levels were normal. X-ray of left hand was normal but right hand showed transverse acral osteolysis (Figure-2). So, diagnosis of traumatic acral osteolysis with racquet nail was made.





## Discussion

Racquet nails or Brachyonychia refers to shortening and broadening of nails where width of the nails is greater than the length [1]. It was first described by DuBois in 1926 in patients of syphilis [2]. Change in shape of the nail is associated with changes in underlying bone and soft tissue of terminal phalanges. Acral osteolysis causes resorption of distal phalanges that can be classified in to primary (genetic syndromes) and secondary (autoimmune and acquired diseases and traumatic) causes [3]. Most of the case series and study showed involvement of more than one digit due to systemic disease. Racquet nail with acral osteolysis due to trauma has been rarely reported in the literature.

## References

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