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**ATROPHIA UNGUIUM**



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Atrophy of the nails may be congenital or acquired. The congenital form is rare and is usually associated with arrested development of other skin appendages or of the digits, or with inherited mental and nervous disorders, and may appear in various members of a family for several generations. The acquired form is not uncommon. The condition may develop spontaneously or as a symptom or sequela of some disease. The inflammatory and desquamative dermatoses, such as eczema, dermatitis exfoliativa, psoriasis, etc., often cause unguinal atrophy, especially when they attack the hands and fingers. Exposure of the hands to the X-rays will bring about the same condition, and sometimes also the prolonged action of irritating substances used in the various trades. Almost any severe acute illness or prolonged fever will leave its mark upon the nails in the form of transverse atrophic zones. In cachectic states resulting from chronic disease such as diabetes, tuberculosis, nephritis, etc., the nutrition of the nails may be sufficiently impaired to cause perceptible changes, and lastly any injury to a limb which interferes with its blood supply or normal use will sometimes produce a similar effect. The deformity of the nail may be in shape, color or consistence. The affected nails are usually soft and thin. Occasionally, at the free border, there is a splitting and heaping up of the nail substance; more often the distal portion is exceedingly thin and tends to crack lengthwise. The

nails may be narrow and sharply convex or broad and flat, or in some instances moderately concave with everted edges. They may be transversely or longitudinally furrowed and their luster is frequently lost, wholly or in part, and likewise their transparency. The surface may be smooth or rough; occasionally it has almost a worm-eaten appearance. The nails usually become either brittle or friable. In idiopathic atrophy all the nails are generally affected, though sometimes in different form and degree. **DIAGNOSIS:** The nail changes which accompany *paronychia* are to be differentiated by the concomitant inflammatory symptoms. *Favus* and *ringworm* of the nail may be clinically indistinguishable from atrophica unguium, but they are less apt to involve all the nails at the same time, and a microscopic examination of the nail scrapings will reveal the presence of the fungus. **TREATMENT:** When the cause of the atrophy can be ascertained and removed the nail condition usually can be considerably improved, but in the idiopathic cases treatment is most unsatisfactory. If the nail is rough it should be pared and scraped smooth. Soaking and scrubbing with warm water and green soap facilitate the treatment. Diachylon or zinc oxid ointment well rubbed in will decrease the tendency to crack. The nails should be protected from irritating substances. For internal medication tonics are recommended, and especially arsenic.