

Nails

Nails can change due to internal disease (spooned nails in anemia, half-and-half nails in kidney disease), due to skin disease (psoriasis, eczema, lichen planus), or due to outside forces (trauma, a lot of wet work, fungal infection).

Nail pitting – Pinpoint dents in the nails (especially more than six per nail) can be seen with autoimmune diseases like atopic dermatitis, psoriasis, and alopecia areata.

Psoriatic nails can also show other findings, including pitting, onycholysis, “oil spotting” and debris under the nail. Treatment for the nails alone is difficult, but any oral or injectable medicine (like methotrexate or Humira) that helps psoriasis usually helps the nails, too.

Onychomycosis is due to a fungal or yeast infection. Findings are usually thickened, yellow nails with debris under the nail. Diagnosis is confirmed by taking a clipping of the nail for culture or staining in the lab. Treatment is difficult. An oral medicine is usually needed for many months and recurrence is very common.

Onycholysis is lifting of the nail showing more white. Causes include wet work and trauma. Treatment is difficult, but involved trimming the nail as short as reasonably possible and avoiding wet work.

Onychorrhexis is longitudinal ridging in multiple nails and is usually a normal part of aging.

Anyone with nail changes should see a dermatologist for evaluation as causes include a possible cancer under the nail. An oral biotin supplement may increase the strength of nails, but there is not a lot of scientific evidence for this and taking the supplement may interfere with blood work results.