

Onychomadesis Following Hand, Foot, and Mouth Disease in an Immunocompromised Patient

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Case Presentation

- 3-year-old female with PMH of kidney transplant on immunosuppression presented to the hospital with a crusted vesicular eruption on the abdomen, mouth, palms, and soles with positive enterovirus PCR consistent with eczema coxsackium.
- Eight weeks later she was seen in clinic with proximal nail plate shedding and separation on three nails of the left hand and two nails of the right hand.



Crusted vesicular eruption on the palm.



Crusted vesicular eruption extending into a right abdominal urostomy stoma.



Proximal nail plate shedding and separation on the right hand.

Proximal nail plate shedding and separation on the left hand.



Diagnosis & Management

- Presentation was consistent with onychomadesis after hand-foot-and-mouth disease.
- The parents were reassured about the benign nature and expected self-resolution.

Learning Points

- Onychomadesis is often associated as a benign late complication arising 1-2 months after HFMD.
- Associated with other causes of nail matrix arrest such as systemic disease, critical illness, and medications.
- Detailed history is key to identify triggers and aid in diagnosis particularly in immunosuppressed patients.

References

1. Chiu H-H, Liu M-T, Chung W-H, et al. The Mechanism of Onychomadesis (Nail Shedding) and Beau's Lines Following Hand-Foot-Mouth Disease. *Viruses* 2019;11(6):522.
2. Hardin J, Haber RM. Onychomadesis: literature review. *Br J Dermatol.* 2015;172(3):592-596. doi:10.1111/bid.13339