

# Opinion on Nail Disorders in Children

Noureddine Litaïem\*

Department of Dermatology, Charles Nicolle Hospital, Tunis, Tunisia

## Introduction

Despite the fact that paediatric nail diseases only make up a small portion of general paediatric practise, it is crucial for clinicians to be able to identify and manage common nail pathology and recognise when referral to a dermatologist is necessary. Children's nail units can be impacted by a broad range of congenital, inflammatory, viral and neoplastic diseases. While some of these disorders just affect the nail unit, others can cause mucocutaneous or systemic symptoms. Here, we discuss a number of common paediatric nail problems and alterations, as well as diagnostic factors and available therapies.

## Description

Children's nails that seem abnormally alarm parents and doctors alike. Many paediatric nail abnormalities are harmless variations of typical occurrence. Others are hereditary disorders or congenital anomalies that have no known treatment. Others are infectious or inflammatory conditions that call for medical attention. The therapy of paediatric nail diseases is discussed as well. In newborns and early children, "spoon nails" or koilonychia are a common finding. The nail plate has an upward slope and is thinner than typical to prevent water drops from rolling off. Although it might be lateral, the curvature is often more severe proximally than distally, elevating the margins. The great toenails are most frequently impacted, however other nails might also be affected. Shoes may soon become too small for young infants whose feet are developing extremely quickly and koilonychia may form. The curve of a child's nails resolves as they become older and thicken. Koilonychia can also be brought on by an iron deficiency, but since the American Academy of Pediatrics recommends iron deficiency screening at age 1, neither investigations nor treatment are necessary unless there is a serious concern about the child's unusual diet or the condition manifests itself at an older age. A "herringbone" or "chevron" pattern is produced by diagonal ridges that radiate from the side of the nail and meet in the middle. This common variation often appears between the ages of 5 and 7 years old and goes away untreated in early adulthood. The central dorsal matrix's incomplete development is one theory for its pathogenesis. The diagnosis might be made without any testing.

There are several paediatric nail abnormalities, which might vary from benign processes to the early symptoms of a systemic illness. A crucial component of the paediatric physical examination is the inspection of the nail. The nail plate, nail matrix, hyponychium, nail bed and encircling nail folds make up the nail unit. There are several etiologies for disorders that affect the nail unit, including inflammatory, congenital and genetic illnesses as well as malignancies and trauma. Numerous nail problems that affect children are described in this overview.

Early in embryologic development, the primordial ectoderm gives rise to

the nail, an appendage of the epidermis. The beginning of nail formation usually occurs during the ninth week of pregnancy and lasts until the fifth month. 1 A wide range of etiologies, such as congenital and genetic abnormalities, infections, tumours, inflammatory processes and systemic disorders, can cause nail problems in children. Despite the fact that the incidence of nail disorders in children is not known with certainty, two studies put it in the range of 3% to 11%. Despite the fact that many nail flaws are isolated discoveries, it is crucial for medical professionals to check the complete nail unit for anomalies because they might be the first signs of a larger illness. Reviewing the most prevalent nail issues that affect children, the following information is provided [1-5].

## Conclusion

Despite recent advances in the medical literature, nail disorders continue to be a difficult subset of dermatologic conditions. In addition, many nail disorders, such as onychomycosis, melanonychia and trachyonychia, have different diagnoses, etiologies, prognoses and treatments for adults and children. According to recent statistics, nondermatophyte onychomycosis in children is becoming more common. This condition frequently calls for specialised anticandidal therapy.

## Acknowledgement

None.

## Conflict of Interest

The author shows no conflict of interest towards this manuscript.

## References

1. Clarke, T.F.E. "Cyanoacrylate glue burn in a child—lessons to be learned." *J Plast Reconstr Aesthet Surg* 64 (2011): e170-e173.
2. Clayman, Eric, Alicia Billington and Carl Wayne Cruse. "Full-thickness pediatric burn following reaction between cyanoacrylate nail adhesive and cotton shirt." *J Cutan Aesthet Surg* 13 (2020): 35.
3. Kelemen, Noemi, Eleni Karagergou, Sarah L. Jones and Andrew N. Morrish, et al. "Full thickness burns caused by cyanoacrylate nail glue: a case series." *Burns* 42 (2016): e51-e54.
4. Tang, C.L., G. Larkin, D. Kumiponjera and G. S. Rao, et al. "Vanity burns: an unusual case of chemical burn caused by nail glue." *Burns* 32 (2006): 776-777.
5. Divi, Srikanth N. and Robert J. Bielski. "Legg-calvé-perthes disease." *Pediatr Ann* 45 (2016): e144-e149.

\*Address for Correspondence: Noureddine Litaïem, Department of Dermatology, Charles Nicolle Hospital, Tunis, Tunisia; E-mail: Noureddine.li8@gmail.com

**Copyright:** © 2022 Litaïem N. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Date of Submission:** 05 May, 2022, Manuscript No. JPNM-22-75603; **Editor Assigned:** 07 May, 2022, PreQC No. P-75603; **Reviewed:** 12 May, 2022, QC No. Q-75603; **Revised:** 16 May, 2022, Manuscript No. R-75603; **Published:** 23 May, 2022, DOI: 10.37421/2472-100X.2022.7.195

**How to cite this article:** Litaïem, Noureddine. "Opinion on Nail Disorders in Children." *J Pediatr Neurol Med* 7 (2022): 195.