Melanonychia blue lunula: result of hydroxyurea treatment

Abstract

Hydroxycarbamide is used in the treatment of Essential Thrombocytosis (ET) and other myeloproliferative disorders. Melanonychia is one of the cutaneous abnormalities including nail changes that could develop with long-term treatment with hydroxycarbamide. Women have a tendency to melanonychia secondary to hydroxycarbamide usage.

Keywords: hydroxy urea, melanonychia, hydroxycarbamide, essential thrombocytosis

Case study

Case 1: 49-year-old male patient diagnosed JAK-2-V617F positive Polycythemia Vera. After 11 months of treatment with 1000mg/day Hydroxyurea (HU), blue lunula and longitudinal melanonychia was seen in fingers and face (Figure 1).

Figure 1 Melanonychia of the upper extremity hand-nails and face findings.

Case 2: 63-year-old female patient diagnosed JAK-2-V617F positive ET. After use of 1500mg/day HU in 4 months; blue-black pigment changes in bilaterally fingernails-blue lunula transverse melanonychia occurred. (Figure 2). Patients were done to rule out other factors that cause melanonychia. After discontinued HU treatment, male patient’s melanonychia findings regressed within 3 months, for female patients it was 4 months. Melanonychia induced by drugs can be caused by the activation of nail matrix melanocytes. It can present longitudinal, transverse or diffuse pigmentation in the nail plate. HU can rarely cause transverse and longitudinal melanonychia of both finger and toe nails. The occurrence of such a rare adverse effect with a common drug has prompted this report.

Figure 2 Blue lunula in nails and face findings.

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Conflict of interest

The author declares no conflict of interest.

References