Clinical Picture: Onychophagia and a Missed Opportunity
Navya Bezawada\textsuperscript{1}, Raoul Li-Everington\textsuperscript{1}, Graeme P Currie\textsuperscript{1}
\textsuperscript{1}Aberdeen Royal Infirmary, NHS Grampian

A 71 year old Caucasian male, with a 50 pack year smoking history, presented with an enlarging tender chest wall swelling. It was originally thought to be a left axillary abscess and was treated by incision and drainage. He was re-admitted a month later due to increasing size and persistence of the swelling and right hip pain. On this occasion, he was noted to have markedly bitten finger nails (\textbf{Figure 1a}) and gross toe clubbing (\textbf{Figure 1b}). Subsequent CT scan revealed a right upper lobe pulmonary mass and an enlarged axillary lymph node in addition to a lobulated mass emanating from the left lateral chest wall; imaging also detected a pathological fracture of his right neck of femur. A biopsy of the chest wall lesion revealed undifferentiated non-small cell lung cancer.

Nail biting - also known as onychophagia - is a common and compulsive habit. It is particularly prevalent in the younger population and is thought to be associated with anxiety and obsessive compulsive disorder.\textsuperscript{1} In this patient, due to the severity of bitten nails, finger clubbing (which often occurs in association with toe clubbing) was not apparent. A more thorough initial clinical examination (including the feet) may have prompted earlier investigations and detection of cancer.

References

Figure 1a. Onychophagia

Figure 1b. Toe Clubbing
Onychophagia

65x43mm (300 x 300 DPI)
Toe Clubbing

65x43mm (300 x 300 DPI)