

## Subungual glomus tumor: Clinical image

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### Description

A 49-year-old with a past history of breast and thyroid cancer, presented to the dermatology clinic with a two years history of a nail dystrophy and pain on her left thumb fingernail, especially when pressed with a sharp object. On physical and dermoscopic examination, increased Lovibond angle (Figures 1A and 1B), proximal erythronychia, distal onycholysis and subungual hyperkeratosis were observed (Figure 1C).

The patient underwent exploration of the nail bed, intraoperative dermoscopy showed a well-defined tumor with superficial arborizing vessels (Figure 1D). Histological examination showed glomus cells with oval nuclei surrounding the blood vessels in a uniform sheet-like pattern. Glomus tumors are smooth muscle hamartomas arising from glomus bodies on the nail bed or matrix, patients often present for pain and inespecific finding resulting in diagnostic delays. Differential diagnosis includes mixoid cyst, pyogenic granuloma, superficial acral fibromyxoma, squamous cell carcinoma, acquired digital fibrokeratoma and other subungual nail tumors. On follow-up she had no deformity of the nail plate.

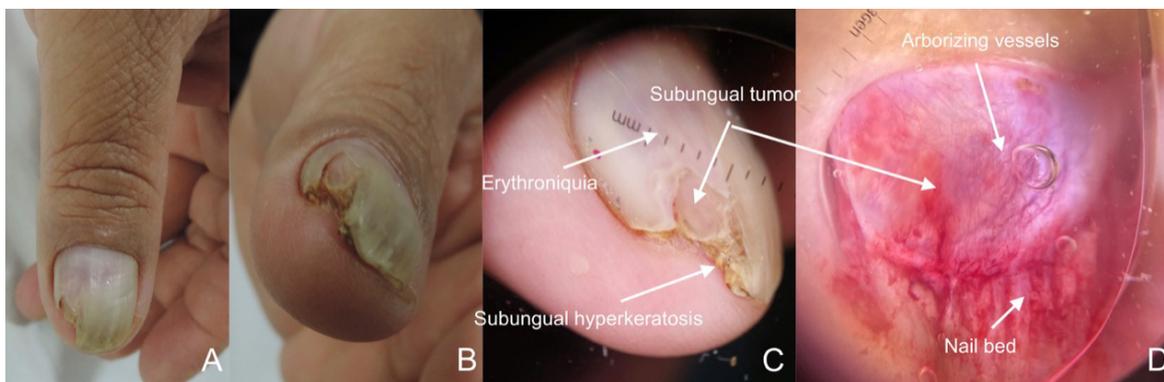


Figure 1

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