Longitudinal Melanonychia

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Longitudinal melanonychia (LM) is doubtless one of the most distressing features among nail conditions. According to confirmed observations, LM may be a precursor of malignant melanoma [1]. However, interest in LM associated with other nail conditions, such as frictional LM [2], nail biting and picking [3], basal cell epi-thelioma [4] and Bowen's disease [5, 6], has recently grown and will be emphasized still more in this issue [7]. LM with unusual patterns has even been reported in onychomycosis due to *Wangiella dermatitidis* [8] or *Tri-chophyton rubrum* [9], and AIDS has recently been added to the list of pseudo-Hutchinson signs accompanying LM [10].

The course of early childhood-onset LM has not been studied extensively. The dark bands are believed to be permanent with the exception of iatrogenic and frictional causes. They may be stable or may broaden. Kiku-chi et al. [11] contribute new information in this issue: they report 4 cases of 'nevroid nail area melanosis' in Japanese children in whom LM regressed and even disappeared after some years. They review the published cases of nevroid nail area melanosis in childhood and come to the conclusion that these cases are essentially benign. Unfortunately, they did not take a biopsy at the source of pigment in the matrix tissue and a few reports have been published on melanoma in situ in childhood [12]. A 'wait-and-see' policy however may well prevent the unnecessary removal of the total nail apparatus that is sometimes advocated, but should not dispense one with performing an easy matrix punch biopsy [13], which, for the time being, seems to be a precaution without a real risk of secondary nail dystrophy.

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