Cancer Chemotherapy and Nail Loss (Onychomadesis)

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To the Editor,

We report here curious episodes of reversible nail loss in 2 malignant lymphoma patients receiving only anticancer drugs.

The first patient, a 36-year-old male with Hodgkin’s disease of mixed cellularity type, stage II-B, in relapse, received cyclophosphamide, vincristine, procarbazine and prednisolone by COPP regimen [1]. After 1 month, hair loss and loosened, longitudinally-ridged nails were recorded. Later, the nails of the fingers and big toes dropped off, followed by those of the remaining toes. During the 4th month, all nails and hair had regrown and appeared normal. The second patient, a 27-year-old male with non-Hodgkin’s lymphoma stage III-B diffuse histiocytic type, received bleomycin, adriamycin, cyclophosphamide, vincristine, and prednisolone by BACOP regimen [2]. The patient’s hair fell out during the 3rd month and regrowth took place during the 5th month. Just after 6 months all nails had loosened and dropped off; they had fully regrown by the 8th month when he died due to lymphoma spread into the central nervous system.

The common drugs received by the 2 patients were cyclophosphamide, vincristine and prednisolone. In both patients, regrowth of the nails occurred while being under continued chemotherapy. Nutritional and performance status of both of these patients at the time of losing their nails was good and there was no history of weight loss. During 2 years, 19 patients received these 3 drugs; 11 manifested reversible hair loss including the 2 cases described above.

Most anticancer drugs act by inhibiting cell division. Therefore, hair follicles (like gastrointestinal mucosa and bone marrow) are their common though unintended targets. Though the nail bed, the other continuously growing skin appendage, is not as susceptible, our experience indicates that it does not enjoy full impunity from anticancer drugs.

References