

Images in Medicine

It is not always the nail biting experience

Authors

Khalil Kanjwal

Postdoctoral Research Fellow, Division of Cardiovascular Medicine, University of Toledo Medical Center, USA

Address For Correspondence

Khalil Kanjwal

Postdoctoral Research Fellow,
Division of Cardiovascular Medicine,
University of Toledo Medical Centre,
3000 Arlington Ave, Toledo, OH 43614 USA

E-mail: Khalil.Kanjwal@utoledo.edu

Citation

Kanjwal K. It is not always the nail biting experience *Online J Health Allied Scs.* 2008;7(4):10

URL

<http://www.ojhas.org/issue28/2008-4-10.htm>

Submitted: Oct 23, 2008; Accepted: Jan 12, 2009 Published: Feb 25, 2009

Abstract:

Case of a 22 year old male with past medical history of attention deficit disorder, found to have callosities and skin abrasions on knuckles and dorsum of his interphalangeal joints in both hands

Key Words: Attention deficit disorder, Nail bite

Case Report:

22 year old male with past medical history of attention deficit disorder, was seen in the electrophysiology clinic for palpitations. His physical examination was unremarkable except for his hand examination(Fig 1 and Fig 2).He had callosities and skin abrasions on knuckles and dorsum of his interphalangeal joints in both hands

However, on further questioning our patient revealed that he is a habitual hand biter and usually bites his knuckles and dorsum of his interphalangeal joints. Treatments for the conditions rely on psychotherapy, medication, or both. Behavior modification is quite important and is employed. Habits are generally milder but may be indistinguishable from compulsions.



Figure 1: Bite marks on dorsum of interphalangeal joints



Figure 2: Hypertrophy and redness of skin on the dorsum of interphalangeal and metacarpophalangeal joints