

## Onycholysis after Chemotherapy in a Patient with Lymphoma

Sir,

A not so common side effect of chemotherapy is the appearance of onycholysis. We here describe such a case.

### CASE REPORT

A 38-year-old man, without previous history of disease, was diagnosed with stage IIIB high-grade T-cell non-Hodgkin's lymphoma. He initially received eight cycles of cyclophosphamide (1350 mg), doxorubicin (90 mg), vincristine (2 mg) and prednisone (100 mg/day for 5 days) – CHOP regimen – with good response. The patient was disease-free for 3 years, after which the disease relapsed and he was scheduled to be treated with a total of six cycles of cyclophosphamide (1350 mg), mitoxantrone (36 mg), vincristine (2 mg), prednisone (100 mg/day for 5 days) and bleomycin (15 mg) – CNOP – Bleo regimen. Two weeks after the fourth CNOP – Bleo treatment cycle, painless onycholysis of all fingernails and toenails became evident (Fig. 1). Onycholysis was accompanied by subungual haemorrhage, though no bleeding disorder was disclosed by the consequent laboratory investigation. No nail discoloration or other skin abnormality (including haemorrhagic lesions) on physical examination were noted.

### DISCUSSION

In the case described, no nail alterations were noted after the administration of CHOP but only after the administration of CNOP – Bleo. These two regimens being identical with the exception of mitoxantrone and bleomycin, it seems very likely that onycholysis was caused by the administration of mitoxantrone. To the best of our knowledge this antineoplastic agent

has been associated with onycholysis in exceptionally few subjects (1, 2). Another alteration attributed to mitoxantrone is unguinal discoloration (3). Bleomycin on the other hand has been associated only with nail pigmentation (4) and has been administered in clinical practice for a much longer time than mitoxantrone.

Mitoxantrone is actually included in standard combination chemotherapy regimens for various neoplastic diseases, such as non-Hodgkin's lymphoma, breast cancer and prostate cancer. As it is used more often one should be aware of its possible side effects.

### REFERENCES

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Fig. 1. Onycholysis of the patient's fingernails shortly after chemotherapy. Note accompanying subungual haemorrhage in all fingers.