

Background and Objective

Pediatric nail findings often can indicate underlying systemic conditions.¹ A common variant of pediatric nails, chevron nails are characterized by isolated oblique nail ridges that form a V at the distal nail edge.² Patients may commonly be referred to dermatologists for evaluation.



Figure 1. Photograph of finger nails with v shaped ridging

References

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2. Delano, S., & Belazarian, L. (2014). Chevron nails: a normal variant in the pediatric population. *Pediatric dermatology*, 31(1), e24–e25. <https://doi.org/10.1111/pde.12193>
3. de Berker D. (2006). Childhood nail diseases. *Dermatologic clinics*, 24(3), 355–363. <https://doi.org/10.1016/j.det.2006.03.003>
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Methods and Results

An 11-month-old female infant with no significant skin or medical history was referred to our dermatology clinic with abnormal appearing fingernails shortly after birth (Figure 1). Examination of her fingernails revealed V-shaped ridging on her fingernails bilaterally. Based on the clinical findings, the nails were confirmed to be chevron nails, a normal variant of pediatric nails.

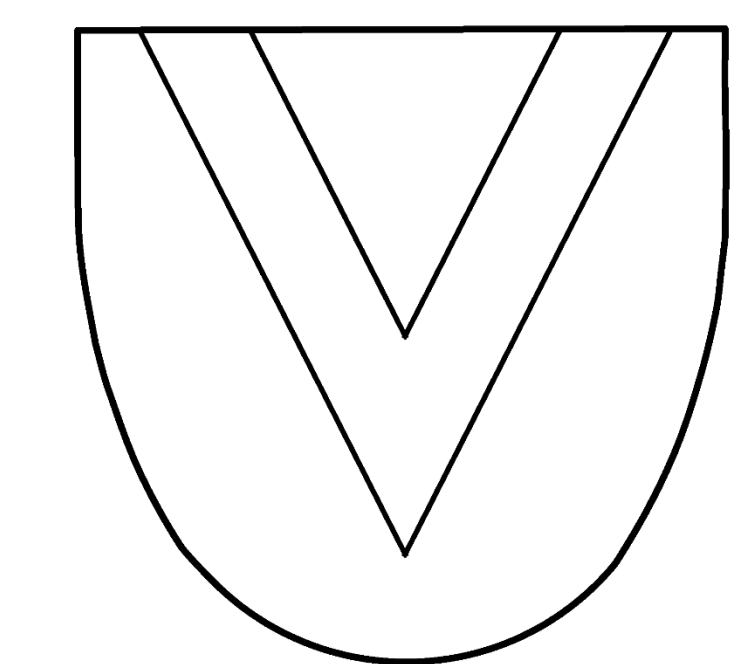
Table 1: Example of Genetic Syndromes Affecting Nails

Syndrome	Classical Presentation
Nail-Patella Syndrome	<ul style="list-style-type: none"> • Triangular lunula • Micronychia • Central grooving • Absent medial/distal fingernail components
Pachyonychia Congenita	<ul style="list-style-type: none"> • Thickened nails • Yellowish-brown discoloration
Ectodermal Dysplasia	<ul style="list-style-type: none"> • Brittle and thickened nails • Noticeable cracks and ridges
Dyskeratosis Congenita	<ul style="list-style-type: none"> • Shortened nails • Rigidity • Longitudinal grooving • Pterygium formation

Conclusion

Chevron nails, although common in pediatric patients, remain a relatively underreported topic in medical literature. These nail findings appear subtle and grow out as pediatric patients reach adulthood.³ The precise cause of these oblique ridges remains undetermined, but potential causes include variations in lateral and central nail growth or oblique nail growth at a consistent rate. A thorough personal and family history is important to rule out other nail conditions that may affect all the nails and be associated with genetic syndromes, such as nail-patella syndrome, pachyonychia congenita, ectodermal dysplasia, and dyskeratosis congenita (Table 1).

Nail-patella syndrome is an autosomal disorder that manifests with the presence of a triangular lunula, micronychia, central grooving, and the absence of medial and distal fingernail components.⁴ Pachyonychia congenita, an autosomal dominant inherited disorder, is distinguished by thickened nails alongside a yellowish-brown discoloration.⁴ Ectodermal dysplasia is a X-linked genetic disorder that exhibits brittle and thickened nails with noticeable cracks and ridges.⁴ Dyskeratosis congenita is an X-linked genetic disorder characterized by shortened nails, rigidity, longitudinal grooving, and pterygium formation.⁴ Non-genetic acquired conditions that can affect all nails include onychomadesis, which appears as transverse grooves that originate from stress from under the proximal nail fold.⁴ This can be commonly seen after hand, foot, and mouth disease.



Since chevron nails are often unrecognized as benign, and patients may commonly be referred to dermatologists for evaluation. It is important for dermatologists to be aware of this normal variant of pediatric nails.