



Yellow Nail Syndrome

IMAGE

Saeed Hosseininia ¹, Susan Mohammadi Kebar ², Afshin Habibzadeh ³

A fifty-year-old female presented to our clinic with a history of chronic cough. She was diagnosed with bronchiectasis since 30 years ago before she was admitted to our clinic. Her symptoms were deteriorated recently. She reported yellowish discoloration of the fingernails and toenails for the last two years with no response to antifungal treatments (Fig. 1). She noticed the slow growth of her fingernails since four years ago. There was also edema in the lower legs and both ankles for the last six months (Fig. 2). She was generally healthy with a normal physical exam except for the edema. Considering the history of chronic cough, yellow nail, lower leg swelling with bilateral bronchiectasis (Fig. 3), she was diagnosed to have yellow nail syndrome. No related malignancies were detected. Consent was obtained for the patients for this study.

Yellow nail syndrome is characterized by slow growing yellowish nails, lymphedema involving lower and upper limbs, pleural effusions, sinusitis, bronchiectasis and lower respiratory tract infections. It is usually diagnosed clinically. To our knowledge, to date, there is no known specific treatment (1, 2). This syndrome is related to different malignancies and some immunodeficiency diseases (1), and one should consider these while evaluating the disease not to miss them.

Informed Consent: Written informed consent was obtained from patients who participated in this study.

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Figure 1. A yellowish discoloration of distal one-third of nail plaque, thickening, and hyperkeratosis, in addition to excessive transverse curvature in fingernails (a) and toes (b)



Figure 2. Lower limb lymphedema involving the feet, ankles and calves, with accentuation of the flexion folds

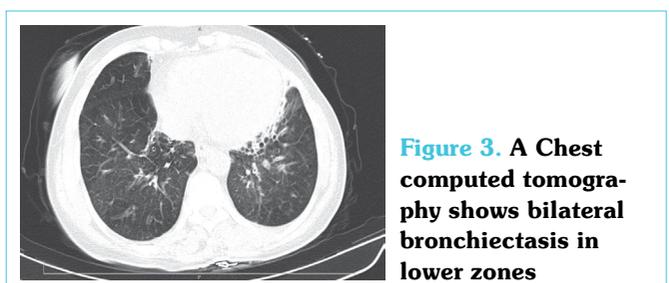


Figure 3. A Chest computed tomography shows bilateral bronchiectasis in lower zones

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Department of Internal Medicine, Ardabil University of Medical Sciences, Ardabil, Iran

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Correspondence
Afshin Habibzadeh,
Imam Khomeini Hospital,
Ardabil University of Medical Sciences, Postal code:
5618985991,
Ardabil, Iran
Phone: +04533522391
e-mail:
afshin.habibzadeh@gmail.com

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