

Clinical Images**Terry's Nails and Lindsay's Nails: Two Nail Abnormalities in Chronic Systemic Diseases**

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A 66-year-old man with diabetes and cirrhosis due to chronic hepatitis C infection (HCV RNA >1,000,000 IU/mL) developed a creatinine rise from 0.5 mg/deciliter to 2.6 mg/deciliter. The patient's fingernails demonstrated significant changes compared to a normal fingernail, with a white band (lunula) occupying more than 50 % of the nail bed proximally, suggestive of Lindsay's nail. (Figs. 1 and 2) Renal biopsy demonstrated membranoproliferative glomerulopathy and he was started on hemodialysis.

A clinical differentiation between Lindsay's nail (half-and-half nail) and Terry's nail is difficult. In Lindsay's nail, the proximal part of the nail is white, while the distal portion occupying 20 % to 60 % of nail bed is reddish-brown and does not fade with pressure.^{1,2} The cause of Lindsay's nail is unclear, but the distal reddish-brown band might be the result

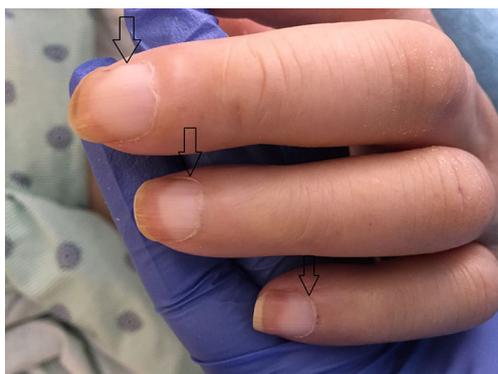


Figure 1. Photograph demonstrating Lindsay's nail or half-and-half nail characterized by proximal nail bed whiteness and distal nail bed red, pink or brown band occupying 20 % to 60 % of nail bed.

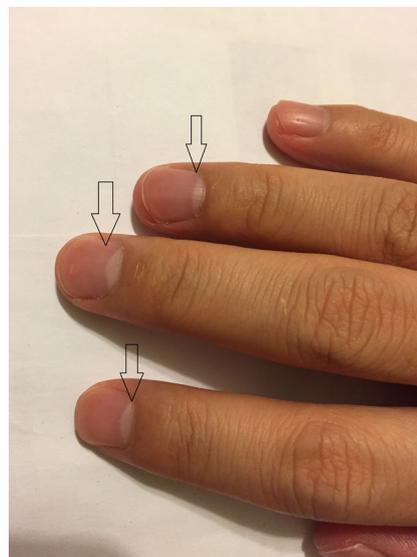


Figure 2. Photograph demonstrating normal fingernail in healthy individual.

of an increased concentration of β -melanocyte-stimulating hormone.² This condition can be found in up to 40 % of patients of chronic kidney disease.¹ On the other hand, Terry's nail is defined as a 0.5–3.0 mm brown to pink distal band with proximal nail bed whiteness occupying approximately 80 % of nail bed.³ This condition is frequently associated with cirrhosis, chronic congestive heart failure, and adult-onset diabetes mellitus.³

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. **Lindsay PG.** The half-and-half nail. Arch Intern Med. 1967;119(6):583–587.
2. **Dermatological Manifestations of Kidney Disease.** Place of Publication Not Identified: Springer, 2015. Print.
3. **Holzberg M, Walker HK.** Terry's nails: revised definition and new correlations. Lancet. 1984;1(8382):896–899.

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