CLINICAL PRACTICE

Clinical Images

Beau's Toes

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A 59-year-old man with large B cell lymphoma was admitted to the hospital due to neutropenic fever. He had been diagnosed 15 months prior and received six cycles of rituximab-etoposide-prednisone-vincristine-cyclophosphamide-doxorubicin chemotherapy with 3 weeks between each cycle. His lymphoma recurred 4 months prior to admission necessitating initiation of an alternative chemotherapeutic regimen. Physical examination revealed that the first toenail on each foot had multiple horizontal, depressed white lines, known as Beau's lines (Fig. 1) but the other toenails and all fingernails were normal. Beau's lines are horizontal indentations of the nail caused by cessation of cell division of the nail plate.¹ Beau's lines can be caused by localized stressors such as mechanical trauma as well as systemic stressors such as myocardial infarction, chemotherapy, and influenza.² In this instance, each Beau's line correlated with one cycle of cyto-

toxic chemotherapy.³ The patient said that he had similar lines on his fingernails and other (shorter) toenails, but these lines had already grown out. The average fingernail grows at 3.5 mm/month and toenail grows at a rate of 1.6 mm/month.⁴ Nail changes are seen more commonly due to anthracycline agents.⁵ In this instance, the Beau's lines correlated with each cycle of doxorubicin he received during his first chemotherapy regimen.

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Compliance with Ethical Standards:

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

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Figure 1 First toe with Beau's lines.

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