Koilonychia in a Patient with Subacute Iron-deficiency Anemia

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Picture.

A 53-year-old woman who had been taking aspirin to prevent ischemic stroke visited our hospital due to general malaise. A physical examination revealed pallor of the conjunctiva and koilonychia (spoon-shaped nails) (Picture A), although she had not exhibited anemia or koilonychia three months earlier. Laboratory studies demonstrated severe microcytic anemia (hemoglobin, 5.9 g/dL; mean corpuscular volume, 58.3 fL), with a serum iron level of 6 µg/dL. The patient was diagnosed with iron-deficiency anemia and started on iron supplements. At a two-month follow-up visit, the anemia was found to be resolved (hemoglobin, 11.5 g/dL), while the koilonychia improved four-month later (Picture B). The iron-deficiency anemia was caused by uterine adenomyosis-associated menorrhagia. Koilonychia is recog-

nized to be a characteristic clinical manifestation of chronic iron-deficiency anemia (1, 2); however, in the present case, koilonychia presented in a patient with subacute iron-deficiency anemia. The possibility of iron deficiency should be considered in patients with koilonychia, and the underlying cause must be determined.

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References

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