Yellow Nail Syndrome

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Picture.

An 81-year-old man with sinusitis and rheumatoid arthritis treated with bucillamine was evaluated for dyspnea, persistent leg edema and bilateral effusion. He complained of anorexia and weight loss lasting for six months, although he denied having a fever or any other respiratory symptoms. He was a 25 pack-year smoker. He had no history of other toxic pulmonary exposure. A physical examination revealed decreased bibasilar lung sounds, 3⁺ pitting edema in the legs

and dysmorphic, yellow fingernails (Picture). Diagnostic testing revealed normal liver, renal and cardiac functions. CT imaging confirmed the presence of effusion and ascites, with no masses or evidence of malignancy. Thoracentesis demonstrated exudative effusion, with negative culture and cytology findings and a low level of pleural rheumatoid factor. A pleural biopsy revealed chronic inflammation, negative tubercular DNA-PCR and no granulomas or malignancy. The unexplained effusion, nail abnormalities, edema and history of sinusitis and rheumatoid arthritis treated with bucillamine suggested a diagnosis of yellow nail syndrome. In the picture, the region near the nail roots appears almost normal, which suggests a temporal improvement in the pulmonary function [Picture, (1)].

The authors state that they have no Conflict of Interest (COI).

Reference

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