Plummer’s Nails (Onycholysis) in a Thyroid-Stimulation-Blocking Antibody (TSBAb)-Positive Patient with Hypothyroidism

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A 46-year old woman presented with symptoms and signs of hypothyroidism, including bradycardia and delayed reflexes. She had fingernail changes that were consistent with onycholysis (Plummer’s nails) (Picture). She had TSBAb (thyroid-stimulation-blocking antibody)-positive hypothyroidism (TSBAb 87%, serum TSH 76 mIU/L). The patient’s fingernails had the characteristic appearance of Plummer’s nails, a condition first described by Plummer in a patient with hyperthyroidism (1). Onycholysis, a condition in which the distal nail body separates from the nail bed, commonly occurs on the fourth fingers (Picture). Onycholysis has been said to be seen in patients with Graves’ hyperthyroidism. However, onycholysis is not specific to thyrotoxicosis. The differential diagnoses of onycholysis, which include psoriasis, lichen planus, and nail psoriasis, should be considered.
riatic arthritis, lung cancer, sarcoidosis, bronchiectasis, and chronic arthritis, were all ruled out. Fungal infections were not observed in the nails. Paradoxically, onycholysis can also occur in patients with hypothyroidism (2). Plummer’s nails (onycholysis) were seen in a TSBAb-positive patient with hypothyroidism.

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References


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