

Half and Half Nails: Not Always Uremia

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We report a 69 years old male as a case of histologically proven hepatocellular carcinoma, who presented with half and half nails. Half-and-half nail is diagnosed when the distal portion of the nail bed is distinctly red, pink or brown in color, occupying 20-60% of the total nail length and sharply demarcated from the proximal portion (1). The latter has dull whitish ground glass appearance and when pressure is applied, the distal discoloration does not fade completely. Half-and-half-nail is considered characteristic of uremia. Half-and-half nail change has already been described by Lindsay who discussed the importance of half-and-half nail in chronic renal failure (1).

This change can affect single nail or all the nails of the fingers and/or toes. It was also called later as Lindsay nail. It received considerable attention in the past and is of value even today in differentiating chronic from acute renal failure at the bedside.

Interestingly this change disappears after successful renal transplantation. Histological studies of the half-and-half nail revealed melanin pigment in the nail plate. However, it has been found no melanin but increase in the capillary density under the nail plate. The increase in the capillary density of the nail bed with remarkable thickening of the capillary walls might account for the band of discoloration.. "Half and half nail" (1,2) can also be caused by Kawasaki's disease, cirrhosis, crohns disease (3) and zinc deficiency, besides chronic renal failure (4).

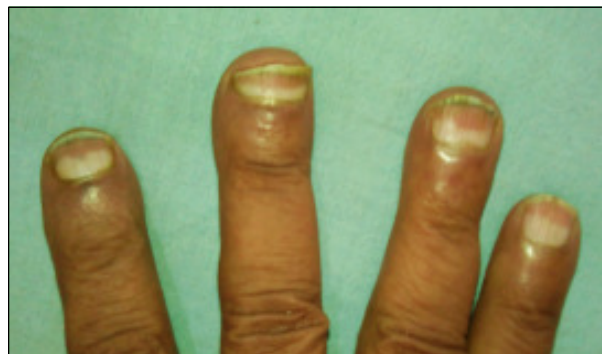


Fig.1 Showing Half & Half Nail in Hepatocellular Carcinoma Patient

It has not been described in patients with denovo hepatocellular carcinoma yet. After review of relevant literature (MEDLINE, PubMed, etc.), we found that half-and-half nail had not been described in hepatocellular carcinoma.

This case highlights the fact that this physical finding may help us to diagnose hepatocellular carcinoma in patients who donot have other telltale features.

References

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