

## Images in Medicine

### Half-and-half nails: An old sign revisited



FIG 1. Half-and-half nails

A 30-year-old woman with multidrug-resistant pulmonary tuberculosis on second-line therapy had recurrent admissions for right heart failure. Laboratory tests revealed only type 2 respiratory failure. Her chest X-ray showed bilateral lower zone cavitory disease, cardiomegaly and right pleural effusion. The 2-dimensional echocardiography confirmed chronic cor pulmonale. Normal renal function tests and abdominal ultrasonography excluded chronic renal disease.

She was clubbed (grade II). Her nails also showed a whitish ground glass opacification of the nail bed, absent lunula and distal transverse brown band occupying 20%–60% of the total nail length (Fig. 1). These nail changes were being observed by the patient for 8 months. These nails, known as half-and-half nails or Lindsay's nails, were first described with chronic renal disease. They are also described in hepatocellular carcinoma, infrequently with Behçet disease, yellow nail syndrome with hyperthyroidism and pellagra. Clinical and laboratory evaluation ruled out these diseases in our patient.

Terry's nails, a close differential, have proximal predominant whitish opacity with a small distal pink band of 1–2 mm. We hypothesize the right heart failure and tuberculosis as possible reasons for half-and-half nails in our patient. Both these conditions are known to cause Terry's nails, suggesting that Lindsay's nails and Terry's nails are variable degrees of morphological expression of a single phenomenon.

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