

AN ADULT PATIENT WITH NAIL ABNORMALITY

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CASE HISTORY

This is the photograph of an adult male with Human Immunodeficiency Virus -Hepatitis C virus (HIV-HCV) co-infection. He was on highly active antiretroviral therapy (HAART) for HIV infection. The liver function tests showed hypoalbuminemia and elevated serum transaminases while liver ultrasonography showed coarse echotexture compatible with liver cirrhosis.



QUESTION

1. What is the nail abnormality seen in this patient?
 - A. Beau's lines
 - B. Muehrcke's lines
 - C. Terry's nails
 - D. Half-and-half nails
 - E. Mees' lines
2. What are the conditions that can be associated with this nail abnormality?

ANSWER:

1. Terry's nails
2. Liver cirrhosis, chronic congestive heart failure, adult-onset diabetes mellitus (both insulin and non-insulin dependent) and ageing.

DISCUSSION

Terry's nails was first described in 1954 and was characterized by a distal pink-to-brown transverse band, 0.5-3 mm wide and a proximal white nail with or without the lunula.^{1,2} It was associated with cirrhosis, chronic congestive heart failure, adult-onset diabetes mellitus, and age. Holzberg *et al.* proposed that Terry's nails are part of the ageing process and the associated conditions merely expedited the ageing of the nails. Contrary to common belief, it was not associated with hypoalbuminemia or anemia. Instead, the underlying pathology was thought to be due to telangiectasias or vascular changes associated with the conditions above.

Terry's nails may be confused with half-and-half nails which is an occasional but extremely specific finding in patients with chronic renal failure. In the latter, the distal portion of the nails is characteristically brown in colour.³ Beau's lines are transverse depressions in the nails which may result from trauma, exposure to cold, Raynaud's disease, or any episodic disease serious enough to disrupt normal nail growth.⁴ Muehrcke's lines are pairs of transverse white lines parallel to the lunula extending across the entire nail bed and are associated with hypoalbuminemia.⁴ Mees' lines are transverse milky white lines which were classically associated with arsenic poisoning but are also seen in any acute illness or chemotherapy.⁵

These nail bed abnormalities are easily recognisable and should alert the clinician to look for associated disorders especially in younger patients.

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Two screening questions with help question has high specificity for depression

Sherina MS, Arroll B, Goodyear-Smith F, *et al*. Screening for depression with a brief questionnaire in a primary care setting: validation of the two questions with help question (Malay version). *Int J Psychiatry Med*. 2011;41(2):143-54.

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Two screening questions:

"During the past month, have you often been bothered by feeling down, depressed or hopeless?"

"During the past month, have you often been bothered by little interest or pleasure in doing things?"

Help question: inquiring if help is needed now.

This cross-sectional study was conducted among 146 Malay women in a primary care clinic in Malaysia. The two questions showed a sensitivity of 99% (95% confidence interval 88% to 99.9%) and a specificity of 70% (62% to 78%), respectively. The addition of the help question to the two questions increased the specificity to 95% (89% to 98%).

Somatisation is uncommon in Malaysian primary care clinic attenders

Khoo EM, Mathers NJ, McCarthy SA, *et al*. Somatisation disorder and its associated factors in multiethnic primary care clinic attenders. *Int J Behav Med*. 2011. DOI: 10.1007/s12529-011-9164-7

This is cross-sectional study of clinic attenders aged 18 years and above at three urban primary care clinics in Malaysia. The operational definition of SD was based on ICD-10 criteria for SD for research, frequent attendance, and excluded moderate to severe anxiety and depression. Multivariate analysis showed that SD predictors were Malay, blue-collar worker and impaired PCS score of SF-36.