

Yellow nail syndrome

RICARDO HUMBERTO DE MIRANDA FÉLIX¹, HONORATO MARINS DA NÓBREGA OLIVEIRA¹, CINTHIA LORENA DE ALMEIDA E SOUSA¹, ANA RITA BRITO MEDEIROS DA FONSECA¹, PAULO ROBERTO DE ALBUQUERQUE², SUZIANNE RUTH HOSANAH LIMA³

¹ Medical Student at Universidade Federal do Rio Grande do Norte – UFRN, Natal, RN

² M. Sc. in Pneumology from Escola Paulista de Medicina - UNIFESP and Assistant Professor of the Integrated Medicine Department of Universidade Federal do Rio Grande do Norte - UFRN coordinating the Discipline of Respiratory System Diseases, Natal, RN

³ M. Sc. Student at Universidade Federal de São Paulo – UNIFESP and Professor of the respiratory system diseases department of Universidade Federal do Rio Grande do Norte – UFRN, Natal, RN

Received from Universidade Federal do Rio Grande do Norte - UFRN, Natal, RN, Brazil

Mailing address: Hospital Universitário Onofre Lopes (UFRN) - Avenida Nilo Peçanha, 620 - CEP: 59012-300 - Natal, RN, Brazil - Phone: (84) 3202-3719

A 67 years old female patient, former smoker (20 pack/years), with a seven-year history of chronic dyspnea, bilateral ventilatory-dependent pain, fatigue, and dry cough, due to relapsing pleural effusion (Figure 1), associated with slow growth of yellow, thickened nails with disappearance of the cuticle and lunula (Figure 2). Three years ago, she developed edema of the lower limbs, suggestive of lymphedema (Figure 3). She has required several relief thoracocentesis until being submitted to bilateral pleurodesis, with improvement of pulmonary symptoms.

Her clinical presentation is consistent with Yellow Nail Syndrome (YNS), a rare disorder classically characterized

by dystrophic yellow nails, lymphedema, and respiratory system abnormalities (pleural effusion, bronchiectasis, and chronic sinusitis), and the triad is observed in only 27% of the cases¹. Men and women are equally affected, predominantly middle age². Its exact etiopathogenic mechanism is unknown; however, theories have suggested changes in the lymphatic system and/or increase in vascular permeability and microangiopathy². Diagnosis is clinical, of exclusion, based on the presence of at least two out of the three clinical criteria. Treatment is aimed at controlling respiratory infections and pleural drainage. Pleurodesis is required in cases of voluminous, relapsing pleural effusions.



Figure 1 – Chest X-ray, PA.



Figure 2 – Image showing yellow nails and dystrophy.



Figure 3 – Bilateral lower limb lymphedema.

REFERENCES

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