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Medicine for Managers

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What Can Our Nails Tell Us?

Clinical medicine depends so much on what one sees. A significant proportion of disorders signal their presence simply by looking at them, even before taking a history or doing the physical examination. This is often true with the fingernails or toenails and the observant clinician can appear very perceptive by directing any questioning to possible diseases, a feature of which may have been observed by identifying the nail changes.

The nails may change their colour, texture or shape and such changes *could,* though not invariably, indicate a disease or disorder which should be addressed by either local nail treatment or sometimes by more systemic care. Nails are sometimes described as a barometer of overall health.

Nails do undergo changes with age, becoming thicker and more brittle. In pregnancy too, they may become softer or more brittle, but they usually revert to normal six to nine months following delivery. Sometimes nails can be lost following an injury, leaving the exposed nail bed which may be sensitive. Normally fingernails will regrow within six months, but toenails can take up to eighteen months or more.



Commonly, disorders of the nails include within the name the word ***'onycho***' with comes from the Greek word 'onych' meaning ***pertaining to the nails***. It may be found in 'par***onych***ia' or '***onycho***lysis' for example.

Nail changes may affect the actual nail(s) or involve the nail bed or the area around the nail(s).

Paronychia (par-on-ih-key-aaah)is a common infection of the skin around the nails, commonly the fingernails. It can be acute or chronic and it results in redness and swelling around a nail and it should be treated promptly with antiseptic soaks and if necessary with antibiotic. Occasionally it can be caused by a yeast infection (*candida)* and may require an anti-fungal drug. Pockets of pus may collect in association with bacterial infection and it may need to be drained to promote healing.

Onycholysis (on-ee-co-lie-sis) occurs when a nail separates from the skin beneath it. It is usually the result of nail injury, fungal infection, psoriasis or occasionally other disorders. The

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nail separates from the nail bed and peels upwards. The condition may last several months and the nail will not reattach. It usually resolves over time as a new nail regrows. In the meantime, the separated portion of the nail should be clipped where possible.

A ***subungual haematoma*** (***ungual*** is from the Latin word '***unguis***' meaning a nail or claw and 'subungual' means beneath the nail) is bleeding beneath the nail to form a collection of blood. It is normally caused by injury. It may be painless, or tender and painful.



Often the injury is remembered. Usually no treatment is required for such an injury which resolves over a period of months. On occasion, if acutely painful, and less than 48 hours after the injury, a small hole can be made in the nail plate using the heated end of a paper clip to allow drainage. It may sound unpleasant but is actually painless.

Pitted Nails are dents in the nails and may signal a more generalised disease or disorder. It is commonly associated with psoriasis and up to 50% of psoriatic patients may experience nail changes. Other causes include dermatitis, alopecia, sarcoidosis and pemphigus. Treatment is often disappointing, may involve medication with side effects, phototherapy or long-term Vitamin D supplements.



Grooved Nails are not serious but they indicate an event which interfered with normal nail growth. Fever, injury, an episode of major stress or chemotherapy may disrupt nail growth or cause it to slow or stop for a period. It is usual for normal growth to restart after a period. They are sometimes called ***Beau Lines***.



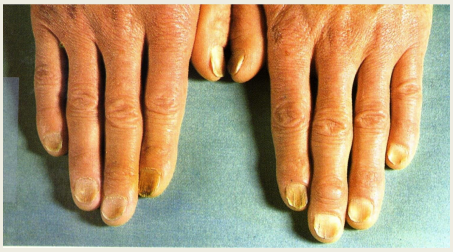
Coloured nails can occur with some disorders though it is quite unusual. They may appear green in cases where there is infection with bacteria. They may also become a yellowish colour with some lung diseases or rheumatoid arthritis.



Sometimes red nail varnish can discolour nails yellow.

Koilonychia, derived from the word 'koilos' which is Greek for 'hollow', or the development of ***spoon-shaped nails*** is most commonly a sign of iron-deficiency anaemia, which can be

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resolved by treatment of the underlying cause. The anaemia is normally due to failure to consume sufficient iron, as in coeliac disease or some cancers, or to absorb it properly, as in, for example, the result of excessive menstrual loss.

It is sometimes a sign of a whole range of diseases including diabetes, lupus, psoriasis or an inactive thyroid.

Treatment is usually by change of diet or use of iron supplements. The condition is usually reversible but may take anything up to 18 months to resolve.

Ram's Horn Nails or ***onychogryphosis*** are seen when one or more of the nails grows abnormally resulting in thickening and overgrowth of the nail plate causing elongation and increased curvature.

It is probably most commonly seen in older people with poor personal care or dementia. If untreated it may lead to bacterial or fungal infections. The usual treatment is by careful removal of nail using a burr or mechanical nail clippers to shorten and reduce the nail bulk. If treatment fails, an alternative is to destroy the growth site of the nail to prevent recurrence.



Subungual Melanoma is a rare but serious cause of skin cancer.

It can appear as a dark streak or area of discolouration in a nail, and, although not every coloured nail change of this sort is a melanoma, it should be reviewed by a dermatologist to exclude the diagnosis.



Most commonly it occurs on the thumb or big toe.

The nail may crack or swell and become ulcerated or start to bleed. The cause is unknown but does not appear associated with exposure to sunlight.

Risk factors are being over 50 or with a darker skin.

It is treated by excision of the nail and nail bed and may be accompanied by radiotherapy or immunotherapy. Excision of the digit is these days a last resort.

There are other rarer causes of nail abnormalities and any persisting nail disorder should be examined by a GP and, where necessary, referred for dermatological opinion.

Nail Care is important.

The fingers and nails should be protected with rubber gloves if they are regularly subjected to damaging or irritant chemicals such as cleaning products.

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They should be regularly trimmed and cleaned with a nail brush.

The nails should not be cut down to the edges or debris removed by using a sharp object as damage may be caused to the nail bed.



Any persistent changes should be reported.

Of course, not every abnormal nail is pathological . . . . . !

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