A 59-YEAR-OLD WOMAN WHO HAD UNDERGONE TRANSPLANTATION OF the left kidney 16 years earlier for the treatment of polycystic kidney disease presented with an incidental finding of nail changes that had been present for at least 3 years. She was undergoing treatment with prednisone, mycophenolate mofetil, and tacrolimus for immunosuppression. She had stage 4 chronic kidney disease, with elevated levels of creatinine (1.7 to 2.2 mg per deciliter [150 to 194 μmol per liter]) and blood urea nitrogen (26 to 38 mg per deciliter [9.3 to 13.6 mmol per liter]) during the past year. On examination, all the patient's fingernails had a pink-ish red band occupying 50% of the nail bed distally and a white band proximally. Lindsay's nails, or half-and-half nails, were described in 1967 as red, pink, or brown bands occupying 20 to 60% of the nail bed in patients with chronic kidney disease. There is no correlation between the degree of azotemia and the percentage of nail bed that is occupied. The proximal white band is thought to result from chronic anemia and the brown band from increased melanin deposition distally, possibly from an increased concentration of β-melanocyte–stimulating hormone. There is no specific therapy beyond the treatment of the underlying chronic kidney disease.

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