

# Terry's nails

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**Fig. 1: Terry's nails in fingers**

A 45 year old non diabetic, alcoholic male patient presented with gradual distention of abdomen and melena for one week. He had a past history of cholecystectomy 10 years back. He had marked ascites, splenomegaly and oesophageal varices. His nails revealed diffuse dull whitening of the proximal nail beds with distal reddish brown bands parallel to the free edge of the nail plates, in all four extremities (Figures 1 and 2). He was managed with endoscopic variceal ligation and therapeutic paracentesis. Conservative management was given for his portal



**Fig. 2: Terry's nails in toes**

hypertension and he is being followed up on an outpatient basis.

Terry's nails, named for Dr. Richard Terry, refer to nails with a characteristic "ground glass appearance" and no lunula.<sup>1</sup> They are bilaterally symmetrical and usually more marked in the thumb and forefinger. They were later redefined as nails with distal brown or pink band up 3 mm

wide and caused by telangiectasia in the nail bed.<sup>2</sup> The proximal pallor may develop gradually. They are known to be associated with cirrhosis, chronic congestive heart failure, diabetes mellitus, and with age.<sup>3</sup> Some have reported them to be present without any disease.<sup>4</sup> They have been said to be due to abnormal steroid metabolism. A close differential is Lindsay's nails which are usually associated with kidney disease.

## References

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