

Nailing the Diagnosis: Koilonychia

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A 22-year-old man presented with complaints of chronic diarrhea, general weakness, and easy fatigue. He had been progressively symptomatic for 6 months. On examination, he had pallor and spoon-shaped nails (Figure 1). The rest of the examination findings were normal. Laboratory studies revealed anemia (hemoglobin, 8 g/dL; total leukocyte count, 5400/mm³; platelet count, 432,000/mm³; and peripheral blood smear suggestive of microcytic and hypochromic pattern). The iron profile was suggestive of iron-deficiency anemia. Stool was normal. Immunoglobulin A antitissue transglutaminase was elevated, at 43 U/mL (normal, <8 U/mL). Gastroduodenoscopy was suggestive of grooving in the second part of the duodenum. Duodenal biopsy revealed increased intraepithelial lymphocytes and crypt hyperplasia. The patient was started on a gluten-free diet and iron supplementation. At a 6-month follow-up, the anemia had resolved, and antitissue transglutaminase antibody levels had normalized.

Koilonychia is an abnormality of the nails that is also called spoon-shaped (concave) nails.¹ It is primarily recognized as a manifestation of chronic iron deficiency, which may result from a variety of causes, such as malnutrition; gastrointestinal blood loss; worms; gastrointestinal malignancy; and celiac disease, as in the present case.² Other causes of koilonychia are high altitude, trauma, and exposure to petroleum products, and it can even be hereditary.^{1,3,4} Therefore, spoon-shaped nails should prompt an evaluation for possible iron deficiency and the underlying cause. ♦



Figure 1. Photograph showing spoon-shaped nails.

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References

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