The yellow nail syndrome is a rarely reported disease characterized by yellow nails, lung disorders, and lymphedema. The clinical manifestations are currently thought to be secondary to congenital abnormalities of the lymphatic tissues.

Inheritance is variable—autosomal dominant and sporadic. Paraneoplastic cases have been reported.

Nail changes consist of slow growth, transverse ridging, atypical curvature, and discoloration varying from pale yellow to dark green. Lymphedema typically develops slowly, appearing later in life, and usually involves the lower extremities.

Most patients have lung disease of the lower lobe, which might be secondary to obstruction and/or infections. Patients often suffer with recurrent and chronic bronchitis, pneumonias, bronchiectasis, and pericardial effusions. Chylous pleural effusions, which could develop later in life, might require repeated thoracentesis, pleurodesis, or pleuroperitoneal shunts. Other reported manifestations include conductive hearing loss secondary to chronic middle ear effusions, conjunctival discoloration, and periorbital edema.

Management is difficult. Recognizing the syndrome early is important. Systemic treatment is usually directed toward controlling airway infections. Avoiding respiratory irritants, such as cigarette smoke, is also helpful. Vitamin E, both topical and oral at doses of 600 to 1200 mg daily, has been reported to help with the yellow nail syndrome. Recently, pulse therapy with itraconazole and vitamin E has reportedly been effective in improving the appearance of the nails of several patients. This patient was started on oral vitamin E at 600 mg daily and pulse itraconazole for 14 months with no improvement; however, recognition of the syndrome and referral to a pulmonologist have facilitated better care for her pulmonary problems. She has not yet developed any signs of lymphedema.

References