

case highlights the importance of maintaining a high index of suspicion. The major clues in this case were the recurrent pneumothoraces, renal angiomyolipoma, and chronicity of respiratory symptoms in a woman. Further investigation was undertaken because even a late diagnosis of lymphangioliomyomatosis is helpful to anticipate complications, guide prognosis and assess for anti-lymphangioliomyomatosis therapy. **BJHM**

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LEARNING POINTS

- Consider lymphangioliomyomatosis in female patients respiratory symptoms at a young age, especially with previous pneumothoraces, renal angiomyolipoma.
- It is possible to diagnose lymphangioliomyomatosis even in the elderly when the condition may have been managed as chronic obstructive pulmonary disease in earlier life.
- Early diagnosis is recommended to anticipate complications especially pneumothoraces and consider anti-lymphangioliomyomatosis therapy especially sirolimus.
- Even late diagnosis can be helpful as sirolimus treatment may be an option in later life.
- Sirolimus is not suitable in patients with recurrent infection.

IMAGES IN MEDICINE

Transverse melanonychia

A 16-year-old boy presented to the emergency department with nail discolouration. He had major thalassemia and had undergone allogeneic bone marrow transplantation with an unknown chemotherapy regimen 3 months ago after which the discolouration took place. On physical examination, there were transverse, brown-grayish pigmentations run parallel to the lunula of all the nails (*Figure 1*). The examination was

otherwise normal except for chipmunk appearance. The diagnosis of transverse melanonychia following chemotherapy was made.

Melanonychia is the most frequent form of chromonychia caused by anti-neoplastic agents and can be seen in diffuse, longitudinal, or rarely transverse band patterns. Melanonychia most often occurs after activation of dormant melanocytes in nail matrix. After that, these cells are transferred to differentiat-

ing matrix cells and migrate distally to onychocytes (Andre and Lateur, 2006).

Another mechanism of nail pigmentation related to drugs is the storage within the nail plate of systemic drugs that are excreted via the nail unit. This kind of pigmentation moves distally with nail growth (Piraccini and Iorizzo, 2007). Some features such as band breadth greater than 3 mm, variegated borders, change in nail band morphology despite treatment, thumb involvement, extension to adjacent parts, and family history of melanoma warrant concern about the possibility of subungual melanoma (Levit et al, 2000). The patient was referred to the outpatient dermatology clinic. **BJHM**

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Figure 1. Transverse, brown-grayish bands run parallel to the lunula of all the nails.



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