

**Leukonychia: What Can White Nails Tell Us?** Iorizzo, et. al. *American Journal of Clinical Dermatology*, Feb 2;1-17

**Level of Evidence:** 2

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This in-depth review describes the morphological and anatomical features of leukonychia, notably differentiating the patterns of true, apparent and pseudo-leukonychias:

- True leukonychia: true abnormality of the nail plate, no fading of color with pressure to the nail plate
- Apparent leukonychia: abnormality of the nail bed, fades with pressure to the nail plate
- Pseudo-leukonychia: superficial white color to the nail plate without true nail plate abnormality

Another way to differentiate the types of leukonychia would be monitoring the growth of the affected nail(s), as color that continues to grow out with the nail plate would be considered either true or pseudo-leukonychia.

Common causes of acquired leukonychia can include (truncated list – notable causes **bolded**):

- True leukonychia: Psoriasis, vitiligo, alopecia, zinc deficiency, **COVID-19**, arsenic poisoning (**Mee's lines**), **CRPS**, Hydroxyurea, Hepatitis C
- Apparent leukonychia: Hypoalbuminemia (**Muehrcke's lines**), hepatic cirrhosis (**Terry's Nails** – distal  $\leq 20\%$  of nail has red/brown discoloration), renal failure (**Lindsay's half-and-half nails** -  $\sim 50\%$  of distal nail has red/brown discoloration), Crohn's disease
- Pseudo-leukonychia: superficial white onychomycosis, keratin granulations from nail polish use

Treatment of acquired leukonychia varies on addressing the systemic or localized cause. Conversely, congenital leukonychia has the potential to improve over an individual's lifetime.

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