An 18-year-old male presented to the rheumatology clinic with a history of severe inflammatory back pain (more on left side), and pain and swelling in left shoulder, elbows, right ankle, and in right 3rd distal inter-phalangeal joint since last three months. He had been treated earlier with NSAIDS and sulfasalazine for seronegative spondyloarthropathy; but there was no relief for pain or other symptoms. The present physical examination revealed the classical ‘oil drop sign’ and a band of erythema in the nail of the middle finger, indicating the nail changes associated with psoriatic arthritis (Fig 1). He was started on methotrexate and one month of treatment showed significant improvement in disease symptoms. The case vignette signifies the need for conducting nail examination in routine rheumatology practice.

Psoriasis precedes arthritis in 60-70% cases, but arthritis may be an initial manifestation in 15-20% of the subjects.¹ Nail changes occur in 90% of arthritic patients and only in 40% without the disease.²

Fig 1: Middle finger with swollen distal interphalangeal joint, and the classical ‘oil drop sign’ and band of erythema in the nail
References

Competing interests
The authors declare that they have no competing interests.

Citation

Received: 26 April 2014, Accepted: 8 May 2014, Published: 16 May 2014

* Correspondence: Dr. Ankur nandan Varshney, Department of General Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India
drankurnvarshney@gmail.com