A 38-year-old woman was admitted to hospital with a 6-month history of progressive dyspnea. No changes were observed on physical examination, except for incipient nail-clubbing in the fingers and basal oxygen saturation of 93% at rest. A more detailed examination of the patient’s hands revealed the Schamroth sign, characterized by the absence of a diamond-shaped space between the nails when the backs of the distal phalanges of 2 fingers are placed together\(^1\) (Fig. 1A). Chest X-ray was normal, and chest computed tomography revealed some subtle bilateral ground glass infiltrates. Spirometry was performed, showing a restrictive pattern (forced vital capacity 46%). Bronchoscopy with bronchoalveolar lavage revealed 50% lymphocytes.

In view of these findings, a lung biopsy was performed using single-port video-assisted thoracoscopy. Results were consistent with non-specific interstitial pneumonia, and treatment was started with oral steroids. One month later, the patient’s respiratory symptoms and lung function had improved significantly, and her fingers had returned to normal, with complete resolution of the Schamroth sign (Fig. 1B).

Reference


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