LETTER TO THE EDITOR

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A case report regarding 'Yellow Nail Syndrome' was published in Jan,2010 Vol. 28, No 1: 49-52 in the Journal of Bangladesh College of Physician and Surgeons.

To the editor in chief: we have gone through the case report and we have few important comments on this report:Yellow nail syndrome is a triad of deformed yellow nails, lymphoedema and pleural effusion.[1] This is an infrequently reported clinical entity. The three separate varities may manifest in widely varying times. [2]Patients may not present with the 'classical triad of syndromes. Age of onset varies and has been reported from antenatal to 65 years. [3]The basic abnormality in this syndrome appears to be ' hypoplasia of the lymphatic vessels which is responsible for lymphoedema, nail change and pleural effusion. [4]Respiratory manifestations also may include allergic rhinosinusitis and bronchiectasis and lower respiratory tract infections. Yellow nails are found in 89%, lymphedema in 80% and pleural effusion in 36%. These three findings are concurrently seen in only one third patients. [5]The diagnosis is made when patients has chronic pleural effusion in conjunction with yellow nails and lymphedema. Diagnosis may be difficult or missed as patients may not present with all the features of the syndrome simultaneously or present with each aspect of the syndrome in different departments.Increasing awareness of this syndrome and close scrutiny of the nails in patients having idiopathic and recurrent pleural effusion and lymphedema of the legs will avoid diagnostic delay and other unnecessary treatment modalities.

References:

1. Light RW. Pleural effusion. In: Murray JF, Nadel JA, editors. Text book of respiratory medicine, 2nd edition. Philadelphia: WB Saunders: 1994 p. 2164-92.
2. Beer DJ, Pereira W Jr. Snider GL, Pleural effusion associated with primary lymphedema: a perspective on the yellow nail syndrome. Am Rev Respir dis 1978; 117; 595-599
3. Nakielna EM, Wilson J, Ballon HS Yellow-nail syndrome: report of three cases Can MedAssoc J. 19 Jul apt 15(l):46-8
4. Light RW. Pleural Diseases, Philadelphia, Lippincot Williams and Wilkins, 2001.
5. Nordkild P, Kromann-Anderson H, Struve-Christensen E : Yellow nail syndrome. The triad of yellow nails, lymphedema and pleural effusion: a review of the literature and case report.

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Author's Reply

Many thanks for asking for my comments. The reply is perfect complimentary statements. No reply from the author is needed. The letter can be published as it is !

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"Medical Treatment of Rheumatoid Arthritis: A review" of the Journal of Bangladesh College of Physicians and Surgeons, January 2010, volume 28, no. 1

To the Editor-in-Chief: I have read with interest the review article titled "Medical Treatment of Rheumatoid Arthritis- A review". I would like to draw your attention to the new advancement that has occurred in the field of Rheumatoid Arthritis in recent past. It has long been known that TNF, IL-1, IL-6 and many other cytokines are closely related with the pathogenesis of RA. IL-6 promotes inflammatory events through the expansion and activation of T cells and the differentiation of B cell.[1] Severe RA is commonly associated with thrombocytosis, hypergamma-globulinemia, and elevated erythrocyte sedimentation rate (ESR) and CRP levels. Such abnormalities tend to rise in parallel with plasma and synovial levels of IL-6.[2] Consistent with these data, therapeutic studies in which the effects of IL-6 are blocked have noted improvements in clinical and laboratory variables. Tocilizumab is a novel