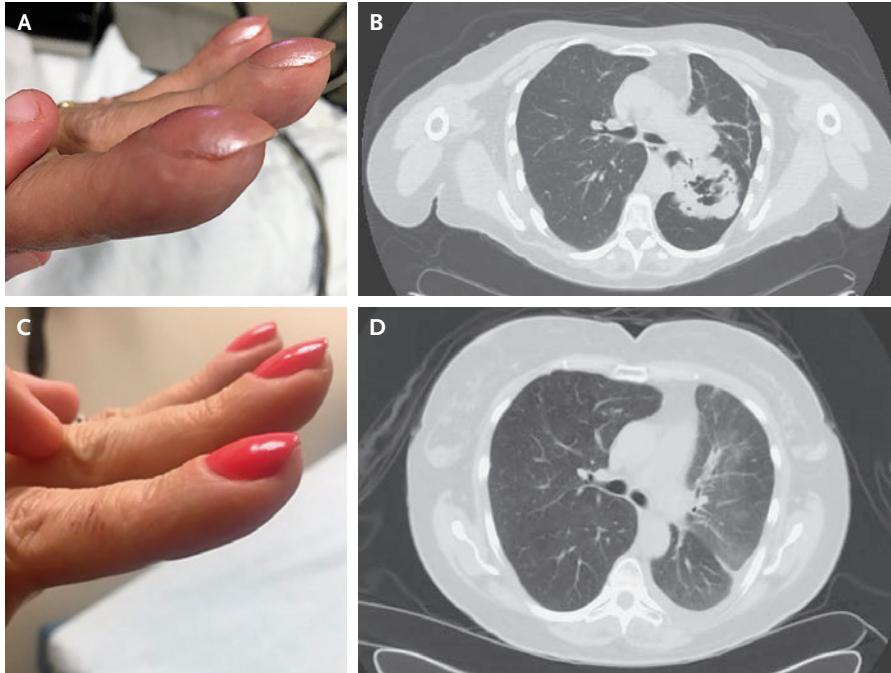


IMAGES IN CLINICAL MEDICINE

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Regression of Clubbing after Treatment of Lung Cancer



A 59-YEAR-OLD WOMAN WITH A SMOKING HISTORY OF 60 PACK-YEARS PRESENTED with progressive shortness of breath and clubbing of her fingers that had developed over a 1-year period (Panel A). A computed tomographic scan showed a large mass with cavitation in the left lower lobe of the lung (Panel B shows the axial view). Transbronchial biopsy revealed an undifferentiated non–small-cell cancer with positive immunohistochemical staining for tumor protein 63 and cytokeratin 5/6, findings that were consistent with a diagnosis of poorly differentiated squamous-cell lung cancer. The patient was treated with carboplatin and paclitaxel chemotherapy and radiation therapy, and she was enrolled in an immunotherapy trial with a programmed death ligand 1 (PD-L1) inhibitor as maintenance therapy. Six months after diagnosis and the initiation of treatment, the patient noticed that the clubbing of her fingers had diminished (Panel C) and that she was no longer short of breath. A follow-up computed tomographic scan showed a decrease in the size of the mass (Panel D). Physical examination of the nails for clubbing may aid in the diagnosis of lung disease, including lung cancer. In this patient, the clubbing diminished after an impressive response to treatment of the cancer.

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