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Images/Instrument in Dermatology/Dermatosurgery

# Green nail with proximal onycholysis: Clinical and dermoscopic features

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A 30-year-old woman presented with asymptomatic discoloration of the nail plate of the right toe for three months. There was no history of trauma, and the patient denied any topical application. Examination revealed greenish-black to greenish-yellow discoloration of the proximal 3/4th of the nail plate along with proximal onycholysis of the right great toe. Nail folds were within normal limits [Figure 1a]. Dermoscopy under polarized mode (DermLite, DL4, ×10 magnification) showed irregular green, greenish-yellow, and greenish-brown structureless areas and greenishyellow longitudinal lines [Figure 1b]. The bacterial culture from the nail plate grew *Pseudomonas* aeruginosa confirming the diagnosis of green nail syndrome (GNS). The patient was prescribed 0.3% tobramycin eye drops local application and oral levofloxacin 750 mg once daily for two weeks.



Figure 1: (a) The right great toe shows green, greenish-black to greenish-yellow discoloration of the proximal 3/4th of the nail plate along with proximal onycholysis. (b) Dermoscopy under polarized mode (DermLite, DL4, ×10 magnification) shows irregular green, greenish-yellow, and greenish-brown structureless areas and greenish-yellow longitudinal lines (arrow).

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A dermoscopy of GNS shows brighter green discoloration with bluish hues of the nail plate that is metaphorically termed as "Green aurora sign."

#### Ethical approval

Institutional Review Board approval is not required.

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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#### **Conflicts of interest**

There are no conflicts of interest.

### Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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