A man in the later decades of life was referred for uncontrolled type 2 diabetes that had persisted for 37 years. The patient had a medical history of stage 4 chronic kidney disease, hypertension, and dyslipidemia. Laboratory tests showed high levels of urea nitrogen (37.3 mg/dL [reference range, 8 to 24 mg/dL]; to convert to mmol/L, multiply by 0.357), creatinine (3.18 mg/dL [0.74 to 1.35 mg/dL]; to convert to μmol/L, multiply by 88.4), and hemoglobin $A_1c$ (8.8% [4.0% to 5.6%]) and deteriorated estimated glomerular filtration rate (16.0 mL/min per 1.73 m$^2$). Physical assessment revealed that all of his toenails in addition to his fingernails had reddish brown distal bands and whitish nail beds that did not fade with pressure, suggesting half-and-half nails (Figure).

Half-and-half nails, or Lindsay nails, which are observed in patients with chronic kidney disease, have sharp demarcation of nail beds: the proximal portion of each nail is whitish, and the distal portion, which occupies 20% to 60% of the nail length, is red, pink, or brown.¹ Longitudinal length of the distal band does not correlate with severity of azotemia.² Half-and-half nails in toes are rare compared with those in fingers.² Systemic diseases including cirrhosis and Crohn disease may also lead to the same onychopathy.³ Terry nails, a similar nail abnormality with a distal band of 0.5 to 3.0 mm in width, are associated with cirrhosis, chronic congestive heart failure, and adult-onset diabetes as well.⁴ In this case, diabetic nephropathy conceivably resulted in half-and-half nails. When half-and-half nails are noted incidentally on physical examination, clinicians should pay attention to underlying conditions including diabetes mellitus.

**Ethics Statement:** Written informed consent was obtained from the patient to publish this case report.

**Potential Competing Interests:** The authors report no competing interests.

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**REFERENCES**