Introduce the topic of idiopathic acquired leukonychia, its rarity and classification. Describe the case of a 29-year-old male patient with bilateral, simultaneous, and synchronous total whitening of his fingernails and toenails. Detail the examination findings, including the absence of fungal infection. Discuss the clinical findings and the patient's history, including normal developmental milestones and family history. Highlight the rare nature of the case and its presentation for academic discussion.

**Table 1: Classification of true leukonychia**

(A) Hereditary – it can be
   (1) Isolated
   (2) Associated with Bart-Pumphrey syndrome, Bauer syndrome, Heimler syndrome, Deafness syndrome, Lowry-Wood syndrome, Flotch syndrome, Leopard syndrome, Congenital hyperparathyroidism.

(B) Acquired
   (1) Idiopathic
   (2) Associated with Trauma, Drugs, Infections, Inflammatory disease, Exposure to cold, Disturbed nutrition, Hypothyroidism, Cataract, Peptic ulcer disease, Cholelithiasis, Keratoderma, Hypotrichosis.
system was normal. The laboratory profile, including Hemoglobin, Total Leucocyte Count, Differential Leucocyte Count, Blood urea, S. Creatinine, S. Bilirubin, Aspartate transaminase, Alanine transaminase, total and differential proteins, was all normal.

**DISCUSSION**

Leukonychia is a whitening of the nail plate. It was first described by Mees in 1919, as an associated finding in arsenic intoxication. It can be a true leukonychia that

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**Table 2: True acquired idiopathic leukonychia: An overview of reported cases**

<table>
<thead>
<tr>
<th>Authors</th>
<th>Presentations</th>
<th>Active Disease (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudel et al⁵</td>
<td>Leukonychia totalis and partialis</td>
<td>2</td>
</tr>
<tr>
<td>Grossman et al⁴</td>
<td>Leukonychia partialis to a combined partialis and totalis</td>
<td>3</td>
</tr>
<tr>
<td>Stewart et al⁵</td>
<td>Leukonychia totalis and partialis</td>
<td>Unrelated</td>
</tr>
<tr>
<td>Park et al⁶</td>
<td>Leuconychia partialis to leuconychia totalis</td>
<td>13</td>
</tr>
<tr>
<td>Butterworth⁷</td>
<td>Leukonychia totalis and partialis</td>
<td>Unrelated</td>
</tr>
<tr>
<td>Our case</td>
<td>Leuconychia totalis and partialis</td>
<td>9</td>
</tr>
</tbody>
</table>

**Figure 1: Idiopathic Acquired Leukonychia in a 29 year old male**
involves the nailplate. In pseudo (apparent) leukonychia, there is involvement of subungual tissue due to onycholysis or subungual hyperkeratosis or pathology of matrix or nailbed instead of nailplate. True leukonychia may be total or subtotal or temporary or permanent. Partial leukonychia can be punctuate, transverse and distal. The physiologic mechanism leading to development of leukonychia is not entirely clear. According to Newton’s theorem, a surface appears white when it reflects the radiation of visible light thus explaining leukonychia. Since true leukonychia is thought to be due to abnormal matrix keratinization, with persistent parakeratosis and keratohyaline granules in the nail plate, so parakeratosis and dissociation of the keratin bundles may play a role in the modification of the solar light reflection by the ungual plates.

Most of the true leukonychia cases are inherited. No such associations with any of the above mentioned syndromes were seen in the present case. To the best of our knowledge, only 7 cases of idiopathic true leukonychia have been reported in the world literature (Table 2). In India, one case has been reported from Mumbai and the second case from India is being reported here for its rarity from this part of the country.

REFERENCES