- 2 Schwartz FC, Fenner A, Wolfsdorf J. The influence of body position on pulmonary function in low birthweight babies. *S Afr Med J* 1975;**49**:79–81.
- 3 Spoelstra AJ, Srikanthandha S. Dynamic pressure-volume relationship of the lung and position in healthy neonates. *Acta Paediatr Scand* 1973;**62**:176–80.
- 4 Statistisches Bundesamt. *Statistisches Jahrbuch*. Wiesbaden: Statistisches Bundesamt, 2003.
- 5 Schwab HJ. Das Verbot der Bauchlage für schlafende Säuglinge in der DDR. 1. Bundesweite Experten- und Fortbildungstagung, Dresden, 2004 (conference proceeding).
- 6 Leetz I. [Medical-statistical data on sudden infant death in the GDR]. *Kinderarztl Prax* 1977;**45**:145–50.
- 7 Jorch G, Findeisen M, Brinkmann B, et al. Bauchlage und plötzlicher Säuglingstod. *Dtsch Arztebl* 1991;**88**:C2343–46.
- 8 Carpenter RG, Irgens LM, Blair PS, et al. Sudden unexplained infant death in 20 regions in Europe: case control study. *Lancet* 2004;**363**:185–91.
- 9 Nolting HD. *Die Prävalenz der Schlafstörungen und Merkmale der Schlafumgebung und des Schlafverhaltens von Säuglingen*, Munich: MMV Medizin Verlag, 1993.
- 10 Vennemann MM, Findeisen M, Butterfass-Bahloul T, et al. Modifiable risk factors for SIDS in Germany: results of GeSID. *Acta Paediatr* 2005;**94**:655–60.

IMAGES IN PAEDIATRICS

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Transverse leukonychia and AIDS

An 8 year old boy with a history of perinatally acquired HIV, who was CDC immunological category 3 (T CD4+ = 4/μl),¹ and had been treated for six years with zidovudine and ritonavir, developed white lines in all fingernails three months after having pneumonia (fig 1). The lines disappeared within five months, following nail growth. He died one year later as a result of sepsis.

An 8 month old infant, who was HIV positive, CDC category 3 (T CD4+ = 408/μl), and had been under treatment with zidovudine, ritonavir, and lamivudine, for four months, developed visible white lines in all fingernails two months after his mother's death (fig 2). The lesions grew out with the nail within five months. He is now 4 years old and is controlled with high dose active antiretroviral therapy.

White nails discolorations are frequent dermatological findings. They result from nail plate abnormal keratinisation. Generalised involvement of the nail matrix is responsible for transverse leukonychia, which can induce complete or partial whitening of the nail.² Traumatic injuries are the main causative factor. Acute systemic illnesses and emotional stresses may be trigger factors.³ The underlying pathophysiological causes are unclear. Transverse

leukonychia are a "late mirror" which indicate the severity of an illness or emotional problem.

V O de Carvalho

Rua Richard Strauss, 62 Vista Alegre, Curitiba-Paraná, CEP 80-820-110, Brazil

C R da Cruz

Hospital de Clínicas da UFPR, Rua General Carneiro 181, 14 andar, Curitiba-Paraná, Brazil

L P Marinoni

Hospital de Clínicas da UFPR, Rua General Carneiro 181, 14 andar, Curitiba-Paraná, Brazil

J H C Lima

Hospital de Clínicas da UFPR, Rua General Carneiro 181, 14 andar, Curitiba-Paraná, CEP 80-060-090, Brazil

Correspondence to: Dr V O de Carvalho, Rua Richard Strauss, 62 Vista Alegre, Curitiba-Paraná, CEP 80-820-110, Brazil; rcarvalho50@hotmail.com

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References

- 1 Centers for Diseases Control. Revised classification system for human immunodeficiency virus infection in children under 13 years of age. *MMWR* 1994;**43**:RR12.
- 2 Grossman M, Scher RK. Leukonychia review and classification. *Int J Dermatol* 1990;**29**:535–41.
- 3 Mautner GH, Ort RJ, Grossman ME. Transverse leukonychia with systemic infection. *Cutis* 2000;**65**:318–20.

Figure 1 White lines in all fingernails.

Figure 2 Transverse bands of leukonychia.