A 50-YEAR-OLD WOMAN PRESENTED WITH A PAINLESS LESION DEEP IN THE
nail of the left little finger, which she had first noted 2 months earlier. There
was no history of associated trauma or pruritus. The physical examination
revealed a firm 2-cm lesion with a scab in the center (Panel A). The overlying nail
was dystrophic and partially separated from the nail bed. Finger movements were
normal. Radiography of the left fifth digit revealed a lytic lesion involving the ter-
mal phalanx (Panel B, arrow). There was also diffuse enlargement of the thyroid
gland, with a dominant nodule at the isthmus. Computed tomography of the chest
showed an enlarged thyroid with retrosternal extension and a dominant nodule
(Panel C, arrow), as well as multiple pulmonary nodules. Fine-needle aspiration of
the thyroid nodule revealed a follicular neoplasm, and biopsy of the phalangeal le-
sion revealed metastasis from follicular thyroid carcinoma. The patient underwent
total thyroidectomy. During radioiodine scanning, uptake was noted in the left
little finger as well as in the choroid of the eye, thereby highlighting the iodophilic
nature of these metastases. After radioiodine therapy, there was complete regres-
sion of the digital metastasis.

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