A 64-year-old man was evaluated for seizures due to traumatic brain injury 25 years previously. Physical examination revealed aphasia, right hemiplegia, and clubbing of all fingers of the hemiplegic arm (figures 1 and 2). Digital clubbing is a bulbous beaked fingertip deformity due to hyperplasia of dermal fibrovascular tissue. Advanced clubbing involves bony destruction in the distal phalanges (acro-osteolysis), with subperiosteal new bone formation from osteoblast proliferation. Bilateral symmetric clubbing is classically seen in congenital cyanotic heart disease and chronic suppurative lung conditions. Unilateral clubbing may occur secondary to local vascular cause (e.g., arteriovenous fistula), or more rarely in systemic conditions. Unilateral clubbing exclusively due to chronic hemiplegia is rare (~2% of cases), and may represent trophic changes secondary to local autonomic dysregulation.

**AUTHOR CONTRIBUTIONS**
Both authors contributed equally to the study concept and design, acquisition of data, analysis and interpretation of data, drafting of the manuscript, critical revision of the manuscript for important intellectual content, administrative, technical, and material support.

**REFERENCES**
Teaching NeuroImages: Unilateral clubbing in hemiplegia
Prasuna Velur and Giridhar P. Kalamangalam
Neurology 2012;78:e122
DOI 10.1212/WNL.0b013e3182553cab

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