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writes:

>Can anyone out there enlighten me on the relationship between  
>lung disorders and "clubbing", or swelling and widening, of the  
>fingertips? What is the mechanism and why would a physician  
>call for chest xrays to diagnose the cause of the clubbing?

Purists often distinguish between "true" clubbing and "pseudo" clubbing, the difference being that with "true" clubbing the angle of the nail when viewed from the side is constantly negative when proceeding distally (towards the fingertip). With "pseudo" clubbing, the angle is initially positive, then negative, which is the normal situation. "Real" internists can talk for hours about clubbing. I'm limited to a couple of minutes.

Whether this distinction has anything to do with reality is entirely unclear, but it is one of those things that internists love to paw over during rounds. Supposedly, only "true" clubbing is associated with disease. The problem is that the list of diseases associated with clubbing is quite long, and includes both congenital conditions and acquired disease. Since many of these diseases are associated with cardiopulmonary problems leading to right to left shunts and chronic hypoxemia, it is very reasonable to get a chest xray. However, many of the congenital abnormalities would only be diagnosed with a cardiac catheterization.

The cause of clubbing is unclear, but presumably relates to

some factor causing blood vessels in the distal fingertip to dilate abnormally.

Clubbing is one of those things from an examination which is a tipoff to do more extensive examination. Often, however, the cause of the clubbing is quite apparent.