



Patrons

Dr BSN Reddy
Dr Hema Jerajani

President

Dr Archana Singal

Secretary

Dr Chander Grover

Joint Secretary

Dr Soni Nanda

Treasurer

Dr Vineet Relhan

Advisory Board

Dr Dinesh Mathur
Dr HK Kar
Dr SN Bhattacharya
Dr AJ Kanwar

Founder Members

Dr BB Mahajan
Dr Deepika Pandhi
Dr Manas Chatterjee
Dr Niti Khunger
Dr Raghunatha Reddy
Dr Sanjeev Kandhari
Dr Sidharth Sonthalia
Dr Somesh Gupta
Dr S Sacchidanand
Dr Vijay Garg

It gives us immense pleasure to put down before you the second issue of Onychoscope- the biannual, official newsletter of Nail Society of India. The society is a one of its kinds; dedicated, professional, academic association focusing on the nail unit in health and disease. Within its first year of inception, the society has grown by leaps and bounds, reflecting the felt need of knowledge in this field as well as the growing importance of this otherwise innocuous appendage. The Nail Society of India was formed with the aim of encouraging and advancing knowledge and practice in the management of nail diseases including surgical procedures of the nail unit. Onychoscope is an important tool in furthering our collective cause.

The present issue carries the regular column in the form of Invited faculty page. In this issue, Dr Soni Nanda, a prominent Dermatologist and Cosmetologist with special interest in nail diseases discusses how we can best use the nail cosmetics for helping patients with various nail conditions. The issue also contains a detailed report on the First Exclusive National Conference of Nail disorders, Onychocon 2012, efficiently organized under the aegis of NSI by Dr Sacchidanand and his team at BMCRI, Bengaluru. The event was a resounding success. Over, 240 registered delegates participated enthusiastically in the two and a half day deliberations. The live surgery workshop was rated as very useful by the participants. The quiz program and award paper sessions were instant hits.

We are also starting a column on nail literature review which will offer regular updates on the latest advances in the field of nail diseases. We hope that our readers will find it useful. Through our nail maze section and nail quiz (with prizes on offer) we hope to be able to tickle your grey cells into action. We welcome your comments and constructive suggestions on at nailsocietyofindia@gmail.com or on our facebook page. We encourage your active participation by joining the family of NSI (the life membership fee is to be doubled from 1st Feb, 2013!)

Preparations for Onychocon-2013, the 2nd National Conference on Nail Disorders are on in full swing. The registration form is attached. The one and a half day conference will be held in New Delhi this time, and will be preceded by a workshop on nail disorders. It promises to be great academic feast with confirmed participation of eminent faculty and researchers in the field of nail diseases. We look forwards to meeting you all in August 2013.

Viva NSI!!

Chander Grover

Visual excerpts from ONYCHOCON 2012



Nail Cosmetics: Bane or Boon

DR. SONI NANDA, MD,

Consultant Dermatologist and Cosmetologist, Shine and Smile Clinic,
Max Super Specialty Hospital and Medical Head,
Three Graces Wellness Centers



Fig 1



Showing beautiful nails with nail art, commonly practised nowadays

Fig 2



Nails showing superficial pits which the patient has herself tried to camouflage with Henna

Fig 3



Figure showing thin, brittle nails

Fig 4



Figure showing Onychophagia with hang nails

Fig 5



Figure showing beautiful gel nails

Fig 6



Nails showing moderate trachyonychia

Fig 7



Cosmetically treated nail requiring infills at the proximal end

Use of nail cosmetics has seen an unprecedented rise over the last few years. These have been gaining popularity among masses in recent times. Leading cosmetic manufacturers have introduced innovations ranging from glitter; crackled surface treatments; stick on nail art; and a variety of sculptured and plastic nails (**Fig 1**). The rising use of nail cosmetics has been a constant source of concern for dermatologists as they can promote disease, create deformity and be a common cause of allergic as well as irritant reactions; however, in the current scenario, where we have been struggling to find the ideal solution for many commonly encountered nail disorders; could nail cosmetics prove to be of practical utility in our patients, remains to be seen. Unlike hair, where extensions and synthetic fibres are finding a place in a trichologist's day to day practice, the use of such innovations in the field of onychology is yet to gain popularity.

Despite being commonly referred to as vestigial structure, nails serve very important functions of protection of finger tips; improving fine touch; and being of critical cosmetic significance. Recent studies have shown that nail diseases significantly affect the employability, self-esteem and hence the quality of life of the patients. As dermatologists, it is our duty to be able to offer a usable solution for nail related issues to our patients. The issues with which our patients present could be as mild as superficial pitting, longitudinal ridging or nail brittleness. Hence, a detailed knowledge of various available cosmetic treatments for nails could enable us to offer viable options to our patients where, either, no satisfactory medical solution exists or palliative treatment may be required till the time medical effect becomes evident.

The present communication aims to discuss how we can effectively use these easily available nail cosmetics in our day to day practice to help our patients with nail diseases. It also focuses on the common side effects which can be encountered with the use of these products.

Nail Polish: The commonly used nail polish (especially the base coat) acts as a protectant in preventing contact with water and detergents and also slows down the evaporation of water from nail plate (from 1.4 to 0.6 mg/cm²); hence, nail polishes could prove to be a useful adjunct in the treatment of patients complaining of brittle nails. This also proves to be an excellent camouflage modality for patients with superficial pits and mild longitudinal ridging (**Fig 2**) to give a smooth appearance; especially in cases, where available medical modalities might not be appropriate because of the associated side effects or the defect being mild. Most of us have been using nail polishes regularly and how many of us have actually experienced any side effects? The overall incidence of side effects is very low. Additionally, these days hypoallergenic nail polishes are also freely available. These use alkyl polyester resins instead of Toluene Sulphonamide Formaldehyde Resin (TSFR) which is the commonest allergen responsible for nail polish associated allergy.

Nail hardeners, nail strengtheners and fortifying nail builders: These are very useful for treatment of soft nails, nails prone to splitting, and thin nails. They are basically variants of nail polish with differing solvent or resin concentrations. In addition, various substances like keratin, vitamins, calcium fluoride, natural oils, nylon fibres, teflon and silk have been added to achieve specific benefits. Originally, they contained more than 10% formaldehyde; however, now the permitted concentration has been decreased to 1-2%. Instead, acetates, toluene, nitrocellulose, acrylic, and polyamide resins are now used to structurally reinforce nail plate. In September 2012, the US FDA approved polyurethane (Nuvail) for nail

dystrophy i.e. nail splitting, nail fragility (**Fig 3**), also known as *brittle nail syndrome* for intact or damaged nails. It is available as 16% solution and is applied to nail plate once daily before bedtime.

Nail moisturizers: These are usually creams or lotions that contain occlusives such as petrolatum, mineral oil and lanolin. Humectants like glycerin, propylene glycol and proteins may be added to enhance their efficacy. Alpha hydroxy acids, lactic acid and urea are added to increase the water binding capacity of the nail plate. These products are valuable in patients with dry, brittle, fissured, and/or splitting nails. Also, when used under occlusion, they are very useful to break the habit of nail biting (hang nails) (**Fig 4**). Fractures to the free edge of the nail plate can be repaired with nail mending papers saturated with a clear, thickened basic nail polish substance. This would protect the damaged nail plate till normal growth permits trimming and filing.

Artificial nails: These are available in the form of acrylic and gel nails (**Fig 5**). Gel nails need UV fixing, are more expensive but are far safer and give better cosmetic results, hence, are more popular. These are being effectively used for the treatment of onychotillomania and nail biting. They could also prove to be very effective means of camouflage in cases with moderate trachyonychia (**Fig. 6**) due to any cause, where medical treatment might not be effective or might not be desired. Patients with artificial nails need to get infills done once in every 2-3 weeks (**Fig 7**). Nail prosthesis are acrylic nails fixed on silicone prosthetic fingers with cyanoacrylate gel. These could be effective for patients with mutilated hand due to injury to make the hands cosmetically more acceptable.

Effective use of nail cosmetics can provide us a solution for most of our untreatable nail disorders. We need to have an in-depth understanding of these products and the side effects that can be encountered before we start using these in our practices.

Though they offer many advantages, one can expect certain side effects as well. Nail polish use can lead to yellow or red discoloration and fragility of nail plate. This fades without any treatment in about 2 weeks and can be avoided with the use of a base coat. Not removing old nail polish coat before applying a fresh coat can lead to nail keratin granules (superficial, fine and scaling, white spots). Also, retaining chipped nail polish or applying nail polish for more than 4 days continuously is reported to lead to an increase in the number of bacteria, which can be a definite hazard in the case of healthcare professionals. Contact dermatitis to nail polish is also commonly encountered.

Prolonged use of nail hardeners can paradoxically cause nail brittleness, and in rare cases, lead to lamellar onychoschizia and transverse leuconychia. Allergic contact dermatitis, onycholysis and subungual hyperkeratosis have also been reported. Ethylcyanoacrylate, the glue used to fix plastic nails is known to cause allergic contact dermatitis. Other reported side effects include paraesthesiae, onycholysis, and eczematous reactions. Temporary and permanent nail loss has occasionally been reported with the use of artificial nails. An increased susceptibility to onychomycosis and paronychia has also been reported.

With Nail Cosmetics, we have a potent tool in our hands with far reaching and wide applications, though some adverse effects are associated. I feel that in experienced hands nail cosmetics could go a long way in helping our nail patients live a more productive life.

Photo Quiz

A 52 year old male, labourer by occupation presented with dystrophic changes over his finger nails for 1 year. The patient was engaged in construction work and had history of repeated minor trauma over his hands for the past 10 years. There was no history of any medication use or contact with irritants. The patient denied history of similar changes in family members.

On examination, a median split could be appreciated in the ring finger nail of left hand along with fissures extending laterally from the central split towards the nail edge (Fig below). Other finger nails showed only mild dystrophic changes. The toe nails were unremarkable.

Question - What is the diagnosis?



Photo Quiz

ONYCHOCON REPORT (1st National Conference of NSI), 2012

Dr Savitha Somiah, Dr S. Sacchidanand

ONYCHOCON 2012 conference was held on 11th and 12th August 2012 at Dr. Basavarajendra Auditorium, Bangalore Medical College and Research Institute (BMCRI) under the aegis of Nail Society of India (NSI) and preceded by a workshop on 10th August. The conference was attended by 240 preregistered delegates.

WORKSHOP (10th Aug 2012)

It was attended by 40 observational delegates along with 6 in-theatre delegates. The workshop began with a brief introduction to nail surgery and anaesthesia by Dr. H. S. Deepak. The workshop was conducted by the first batch of Dermatotomy Fellowship awardees from BMCRI, Dr. Raghunatha R. Reddy and Dr. T.N. Revathi.

Dr. Reddy demonstrated **partial nail avulsion with matrixectomy** for ingrown toe nail. His advised phenolization of lateral horn of matrix with a toothpick (without cotton), to avoid surrounding tissue damage.

Other techniques that were demonstrated included **intramatrix injection with methotrexate**, complete nail avulsion by **distal approach** (with an intact hyponychium), and by **proximal approach** (in a severely dystrophic nail plate & invisible hyponychium) and crescent excision of proximal nail fold for paronychia. Precautions while performing nail matrix biopsy were demonstrated lucidly.

Dr. T. N. Revathi explained **gutter splinting**, a good conservative approach for ingrown toe nail done using a scalp-vein-set cut into appropriate length and inserted into the nail plate. Workshop concluded with an interesting demonstration of the use of nail cosmetics and artificial nails by Dr. B. Leelavathi

CONFERENCE (11th & 12 Aug 2012)

The first session began at 9:00 am and was on basic sciences.

Dr. B. Leelavathy walked us through the evolution of nails from claws of primitive species, suggesting of functional adaptation. The applied anatomy of nail unit was highlighted by Dr. V. Balasubramanyam. Dr. Vibhu Mendiratta gave a stepwise approach to different nail diseases focusing on history and clinical examination of nails, and relevant investigations, with a special emphasis on newer non-invasive techniques such as radiological imaging, dermatoscopy and nail fold capillaroscopy.

Dr. Uday Khopkar stressed on the simplicity of nail biopsy and its importance in differentiating between nail psoriasis and onychomycosis and ruling out subungual melanoma in a patient presenting with melanonychia. The uses of nail fold capillaroscopy and its advantage over dermatoscopy were discussed by Dr. T. N. Revathi and Dr Uday Khopkar.

The inaugural function of the conference was a crisp affair. It was presided by Dr. G. Gurushankar, Medical Superintendent of Victoria Hospital. Dr. O. S. Siddappa, Director & Dean of BMCRI was the Chief Guest and Dr. Archana Singal, President of NSI was the Guest of Honor.

Dr. Deepak Parikh illuminated concepts of nail changes in children and elderly, specially their significance as a clue to underlying systemic disease. The signs and symptoms in age-related nail disorders like trachyonychia, pachyonychia, onycholysis and malignancies were elaborated by Dr. Gurcharan Singh.

An entire session was dedicated to paronychia and onychomycosis followed by a panel discussion. Dr. Vijay Zawar spoke on the most common of hand infections i.e. paronychia.

Onychomycosis (ONM), still a significant diagnostic and therapeutic challenge, was dwelled upon in detail by Dr. Archana Singal. The importance of nail biopsy followed by PAS staining as the current favourite diagnostic test was highlighted. To combat the poor response to treatment, newer strategies such as combination, sequential, and supplementary therapies, mechanical (abrasion, avulsion), chemical (etching

with tartaric and phosphoric acid) and surgical (surgical avulsion of nail plate) method, newer oral antifungals like posaconazole, pramiconazole and ravuconazole and laser therapy were discussed.

Dr. Manjunath Shenoy elaborated on the diagnosis and management of Non-Dermatophyte ONM (NDOM). Dr. Prabhakar Sangolli moderated a panel discussion on ONM with emphasis on proper diagnosis with KOH, culture and biopsy with PAS stain and the selection of drugs of choice depending upon the culture isolate.

Dr. Asha G.S gave an overview of nail involvement in psychosomatic disorder like onychophagia, onychotillomania or habit tic or indirectly in the form of warts, paronychia, melanonychia, bidet nails or hang nails.

Nail changes and their management in lichen planus and psoriasis were respectively elaborated upon by Dr. D.M. Thappa and Dr. Sumathy

The importance of nail pigmentation as a marker of an internal disease or melanoma and the need for diagnostic biopsy was discussed by Dr. Narendra Kamath. First day concluded with the free paper session with 8 papers presented by postgraduates and young dermatologists.

The second day of the conference began with the Postgraduate quiz, well conducted by Dr. A. S. Savitha and Dr. K. Shilpa. Postgraduates from MMCRI and BMCRI won the first and second places out of 12 teams that participated. This was followed by a discussion on both surgical and medical line of management of ingrown toe nail by Dr. Reddy.

Dr. S. Sacchidanand efficiently moderated a panel discussion on trachyonychia, including twenty nail dystrophy.

The topic on nail tumours was extensively covered by Dr. Chander Grover. Their clinical presentation, use of radiological investigation and early treatment were highlighted by her. Dr. H.V. Nataraja spoke about nail changes in systemic diseases. Finally, the use of nail accessories, nail cosmetics, nail paints and enamels which help patients to cope with nail dystrophy while waiting for treatment to show efficacy, was beautifully presented by Dr. N. Umashankar.

The conference concluded with the keenly contested award paper session where post graduates presented a myriad of papers ranging from drug trial for ONM, nails in leprosy, nails in extremes of age, nails in systemic diseases and nail pigmentation. Postgraduate students from BMCRI and VIMS, Bellary won first and second prizes.

A very brief valedictory function marked the end of the conference. Dr. Archana Singal and Dr. Chander Grover, President and Secretary of NSI conducted the proceedings. Thus, ONYCHOCON 2012, a landmark in the history of academic programmes devoted to nail disorders in India, came to an end, stimulating the brains and enriching the knowledge of the participating delegates.

Scientific Contents

EXCERPTS FROM NAIL LITERATURE

This column aims to apprise our readers with the latest developments in the field of nail diseases. A lot has been happening in the world of nail disorders including diagnostic and therapeutic arena.

WHAT'S NEW IN DIAGNOSTIC APPROACH?

The role of nail-video capillaroscopy in early diagnosis of scleroderma.

Rossi D et al. *Autoimmun Rev.* 2012 Dec 4. (epub ahead of print)

Raynaud's phenomenon (RP) is a clinical sign of abnormal microcirculation and can be considered a major risk factor for the development of connective tissue disease, especially systemic sclerosis (SSc). Nail fold videocapillaroscopy is the most valuable tool for the early diagnosis of SSc and related disorders. Scoring capillaroscopic alterations, which change significantly during patient follow-up, could be systematically used in order to monitor microangiopathy. This article highlights the effectiveness of the nail fold videocapillaroscopy in allowing an early diagnosis of SSc and monitoring the progression of the disease. Its predictive value for clinical complications make it a powerful tool for clinical evaluation and research.

ULTRASONOGRAPHIC ASSESSMENT OF NAIL IN PSORIATIC DISEASE SHOWS A LINK BETWEEN ONYCHOPATHY AND DISTAL INTERPHALANGEAL JOINT EXTENSOR TENDON ENTHESOPATHY.

Aydin SZ et al, *Dermatology.* 2012 Nov 3. (epub ahead of print)

In this study a comparison was done between ultrasonography (US) with the modified nail psoriasis severity index (mNAPSI) to investigate the nail plate, nail matrix and adjacent tendons in subjects with psoriatic nail disease. It was concluded that ultrasound and clinical findings show good correlation for the assessment of the nail in psoriatic disease. The demonstration of extensor tendon enthesopathy in both psoriasis and psoriatic arthritis supports the importance of enthesopathy in nail disease pathogenesis whether or not clinical arthritis is present.

ULTRASONOGRAPHY REVEALS NAIL THICKENING IN PATIENTS WITH CHRONIC PLAQUE PSORIASIS.

Gisondi P et al, *Arch Dermatol Res.* 2012 Nov; 304(9):727-32.

Nail psoriasis is usually investigated and diagnosed by clinical examination. Ultrasonography is a non-invasive imaging technique for studying soft tissue involvement. In this study, it was found that an increased nail plate and bed thickness can be observed even in patients with psoriasis, without clinically apparent nail involvement.

NEWER DRUGS REPORTED TO PRODUCE NAIL SIDE EFFECTS

The risk of nail changes with epidermal growth factor receptor inhibitors: A systematic review of the literature and meta-analysis.

Garden BC et al. *J Am Acad Dermatol.* 2012 Sep; 67(3):400-8

EGFR inhibitors, currently used as therapy for solid organ malignancies, are associated with a wide spectrum of dermatologic adverse events, including nail toxicities. This may necessitate dose modification or discontinuation. They can affect the entire nail unit, with damage to the nail bed (onycholysis), nail matrix (pigmentary changes, brittle nails),

or nail fold (paronychia). Nail changes can involve several or all 20 nails and may appear several months after drug intake, due to the slow growth rate of the nail plate. Nail toxicities are secondary to the periungual skin and nail plate fragility caused by these effects of EGFR inhibition. This fragility may then facilitate onychocryptosis and paronychia inflammation.

WHAT'S NEW IN THE FIELD OF NAIL BIOPSY?

Proximal nail fold-lunula double punch technique: A less invasive method for sampling nail matrix without nail avulsion.

Kim JE et al. *Indian J Dermatol Venereol Leprol* 2011 May-Jun; 77(3):346-8

This article reported the use of two 2-mm punch biopsies were performed on the proximal nail fold for taking proximal nail matrix tissue. Considering the individual difference of the location of the nail matrix, two different punch biopsy sites from the proximal nail fold were chosen. The authors punched through the nail plate of lunula to the underlying tissue using a 2-mm punch to obtain the distal nail matrix. Without suturing, a simple dressing with topical antibiotics was needed for three to five days. The advantages of this technique were less pain, rapid healing and almost no risk of scarring and morphological change. The drawback is that the matrix tissue may be missing in tissue specimens at times, because of its fragility and size. It is also not suitable in cases with suspected malignancy.

SUBUNGUAL HYPERKERATOSIS NAIL BIOPSY: A BETTER DIAGNOSTIC TOOL FOR ONYCHOMYCOSIS.

Nagar R et al. *Indian J Dermatol Venereol Leprol.* 2012 Sep; 78(5):620-4.

This study evaluated the technique of subungual hyperkeratosis nail biopsy in diagnosing onychomycosis comparing it with mycological examination. All the fungal cultures yielded dermatophytes correlating with the biopsy findings. Only hyphal form of fungus was detected in KOH examination, indicating it was not a contaminant. It was concluded that PAS stain of subungual hyperkeratosis nail biopsy was the most sensitive in the diagnosis of onychomycosis in both HIV-infected and non-infected groups.

WHAT'S NEW IN TREATMENT OF ONYCHOMYCOSIS.

Antifungal effects of a 1444-nm neodymium: Yttrium-aluminum-garnet laser on onychomycosis: a pilot study.

Choi MJ et al. *J Dermatolog Treat.* 2012 Sep 19. (epub ahead of print)

This study concluded that Nd:YAG laser with a wavelength of 1444 nm is effective for onychomycosis. However, further controlled studies with larger number of patients are needed to conclusively prove the same.

EFINACONAZOLE 10% SOLUTION IN THE TREATMENT OF TOENAIL ONYCHOMYCOSIS: TWO PHASE III MULTICENTER, RANDOMIZED, DOUBLE-BLIND STUDIES.

Elewski BE et al. *J Am Acad Dermatol.* 2012 Nov 20. (epub ahead of print)

In this study, the safety and efficacy of efinaconazole 10% solution, the first triazole antifungal developed for distal lateral subungual onychomycosis was evaluated. It was found that once daily topical efinaconazole could be a viable alternative to oral treatment options for onychomycosis

A COMPREHENSIVE STUDY TO EVALUATE THE EFFECT OF CONSTANT LOW VOLTAGE IONTOPHORESIS ON TRANSUNGUAL DELIVERY.

Nair AB et al. Drug Dev Ind Pharm. 2012 Oct 12. (epub ahead of print)

Treatment of nail diseases by topical drug delivery continues to draw much attention in the recent days. This study aimed to systematically investigate the effect of constant voltage iontophoresis in the transungual drug delivery, using ciclopirox as a model drug. Given the excellent results, the current technique could be used as an effective approach for the delivery of antimycotics, which would localize the drug at the infection site and potentially offer higher patient compliance.

LONG-PULSE ND: YAG 1064-NM LASER TREATMENT FOR ONYCHOMYCOSIS.

Zhang RN et al. Chin Med J (Engl). 2012 Sep; 125(18):3288-91.

This study concluded that Long pulse Nd:YAG 1064-nm laser was an effective treatment option for onychomycosis as penetration as deep as the lower nail plate is possible. It is a simple and effective method without significant complications and is expected to become an alternative therapy for onychomycosis

WHAT'S NEW IN MANAGEMENT OF OTHER NAIL DISEASES?

Management of unguinal warts.

Herschthal et al. Dermatol Ther. 2012 Nov; 25(6):545-50

This review summarizes the current treatments ranging from topical and intralesional therapies to systemic agents and surgical procedures. Despite the numerous available possibilities for treatment, **intralesional bleomycin** appears to be the most effective treatment for periungual warts.

COMPARISON OF EFFECTIVENESS OF ELECTROCAUTERY AND CRYOTHERAPY IN PARTIAL MATRIXECTOMY AFTER PARTIAL NAIL EXTRACTION IN THE TREATMENT OF INGROWN NAILS.

Küçüktaş M et al. Dermatol Surg. 2012 Dec 10. (epub ahead of print)

This study concluded that matrixectomy should be added to the treatment of ingrown nails. There was no significant difference between electrocautery and cryotherapy in terms of relapse.

CAUTERIZATION OF THE GERMINAL NAIL MATRIX USING PHENOL APPLICATIONS OF DIFFERING DURATIONS: A HISTOLOGIC STUDY.

Beccero B et al. J Am Acad Dermatol. 2012 Oct;67(4):706-11

Reports on the use of phenol matrixectomy have described varying concentrations and application times. This study showed that application of 88% phenol for at least 4 minutes is necessary for complete destruction of the nail matrix, thus avoiding nail regrowth.

ENHANCED REMOVAL OF PHENOL WITH SALINE SOLUTION OVER ALCOHOL: AN IN VITRO STUDY.

Cordoba Diaz D et al. Dermatol Surg. 2012 Aug; 38(8):1296-301.

Phenol cauterization is a chemical equivalent often chosen for treatment of ingrown toenails. In this study it was found that alcohol and sterile saline solution do not neutralize phenol but dilute it and hence, aid in its removal. It was reported that saline solution could be more effective and hence, recommended for use instead of alcohol for irrigation purposes after chemical matrixectomy.

NOVEL TREATMENT USING THIOGLYCOLIC ACID FOR Pincer NAILS.

Okada KJ et al. Dermatol 2012 Dec; 39(12):996-9.

The authors developed a novel treatment using thioglycolic acid (TGA) to chemically soften pincer nails then fix it in the correct position. A small hole was made on the markedly incurvated side of the pincer nail, and a super-elastic wire was inserted into the hole and bent backwards; 5% TGA was then applied for 6-7 h prior to reduction. Favorable reduction was achieved in majority. No patient required surgery. No post-procedure infection, rash, continuous pain or nail cut out was evident. This novel method, which consists of administering TGA via a hole in the nail plate, is a useful treatment for pincer nails.

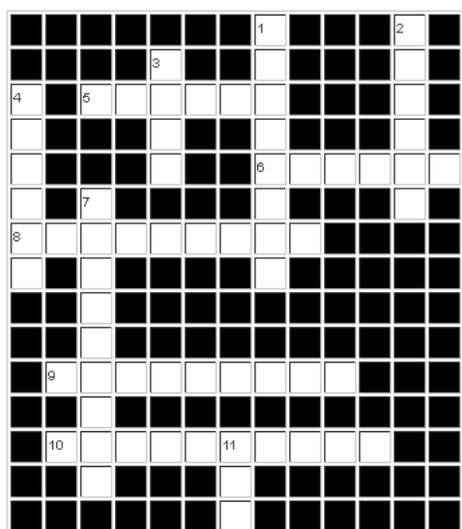
**Dr Shikha Bansal, MD,
Junior Specialist,
Vardhman Mahavir,
Medical College and Associated Safdarjung Hospital**



Valedictory Ceremony of Onychocon 2012

Nail Maze

Dr Sidharth Sonthalia, Consultant Dermatologist,, Gurgaon



Nail Maze

Down

1. The race with a very high incidence of benign longitudinal melanonychia
2. Periungual tumour characteristic of a genodermatoses
3. Treatment of choice for squamous cell carcinoma of the nail apparatus
4. Often benign, this nail deformity may arise out of a nail neoplasm
7. Patient with carcinoma breast on chemotherapy develops nail pigmentation, splinter hemorrhage, paronychia and onycholysis. She is most likely taking this drug!
11. Suspect it in a case of recalcitrant disruptive verrucous lesion of lateral nail groove

Across

5. Tender papule over the nail
6. Acronym for clinical presentation of suspected nail melanoma
8. Hard subungual tumor with nail plate deformity, digital pain and easily diagnosed on digital X-ray
9. Rare subungual tumor presenting as thickened yellowish nail, transverse over-curvature, ridging and dystrophy
10. New non-invasive technique for diagnosis of nail lesions.

Please mail your answers to nailsocietyofindia@gmail.com
Names of the first three winners will be published in the next issue of the newsletter. Exciting prizes to be won!

Answer to Photo-Quiz

MEDIAN CANALIFORM DYSTROPHY OF HELLER

Diagnostic clue: Median nail dystrophy (MND), also known as dystrophia unguis mediana canaliformis or median canaliform dystrophy of Heller, is characterized by a paramedian canal or split in the nail plate of one or more nails. Small cracks or fissures that extend laterally from the central canal or split towards the nail edge give the appearance of an inverted fir or Christmas tree. In addition, a history of repeated trauma makes medial nail dystrophy as the most likely diagnosis in this patient.

Differential diagnosis: A similar destructive nail disorder termed habit tic deformity, caused by the self-induced habit of nail rubbing resulting in chronic trauma to the nail plate, is often confused with MND. However, appearances of central transverse Beau's lines on the thumbnail plates and its spontaneous resolution following discontinuation of self-manipulation, differentiates habit tic deformity from MND.

DISCUSSION

The exact etiology of MND is unknown. Trauma has been implicated as the most important causal factor. Isolated cases have been reported following isotretinoin therapy, subungual tumours, such as glomus and myxoid tumours.

Any nail may be affected. Treatment is often difficult and challenging as none of the treatment modalities has shown consistent results. Triamcinolone injections into the proximal nail fold is the most widely used therapy. However, it is painful and in inexpert hands may cause adverse effects like atrophy and hypopigmentation. Topical steroids rubbed into the proximal nail fold have been tried, although the results are not very encouraging. Recently, topical tacrolimus 0.1% ointment has been reported to have a beneficial role by acting on the inflammatory component of MND.

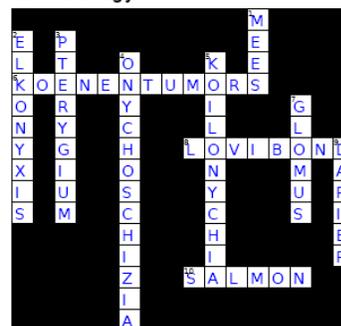
Contributed by
Dr Shuchi Bansal,
Senior Resident,
Maulana Azad Medical College, Delhi



Solution to Nail Maze from Onychoscope Vol 1 Issue 1 (Aug 2012)

Nail maze Onychoscope

based on nail terminology



- | | |
|---|--|
| <p>Across</p> <p>6 Associated with tuberous sclerosis. Present at puberty as periungual fibromas</p> <p>8 Angle found at junction between nail plate and proximal nail fold</p> <p>10 A patch-defined as lesions of psoriasis in nail bed</p> | <p>Down</p> <p>1 Stripes -Transverse white stripes due to inorganic arsenic</p> <p>2 Isolated large pit which may produce a localized full thickness defect</p> <p>3 Fibrotic band of tissue fusing proximal nail fold with nail bed and matrix seen in Lichen planus</p> <p>4 Nail plate dystrophy characterised by transverse splitting into layers at or near the edges</p> <p>5 Reverse curvature in transverse and longitudinal axis</p> <p>7 Intensely painful, a characteristic vascular nail bed tumor</p> <p>9 The nails in this disorder show characteristic red and or white longitudinal streaks often terminating in V shaped notch</p> |
|---|--|

Contributed by
Dr Shikha Bansal,
Junior Specialist,
VMMC & Safdarjung Hospital, Delhi



Nail Society of India (NSI)

Welcomes you to

ONYCHOCON-2013

2nd National Conference
on

NAIL DISEASES

Date: 17th-18th August, 2013

Venue :

Auditorium, PGIMER Block
Dr. Ram Manohar Lohia Hospital
New Delhi

Registration Fees

	Early Bird Registration (Upto 30 th April, 2013)	Late Registration (Upto 30 th July)	Spot Registration (1st August, 2013)
NSI Member	1,500 INR	2,000 INR	2,500 INR
Non-Member	2,500 INR	3,000 INR	3,500 INR
Pre Conference Workshop (For members)	1,500 INR	2,000 INR	2,500 INR

Editorial Board Members



Dr Shikha Bansal



Dr Sidharth Sonthalia



Dr Chander Grover



Dr Archana Singal

Registration Form

Name.....

Age..... Sex.....

Mailing Address.....

..... Pin Code:.....

Telephone:.....Mob.

Email id (mandatory):.....

NSI Member: Yes No

Membership No.

Payment details: Demand draft/ Electronic transfer/
Outstation cheque

I am enclosing herewith Demand Draft/
Cheque No. (payable at par or
add INR 80/- for outstation cheques). dated
drawn on (name of the Bank).....
for INR
(amount in words)

All cheques/ drafts are to be made in favor of "Nail Society of India"

A/c Name: Nail Society of India
A/c No. 90682010113264
IFSC No. : SYNB0009068

Syndicate Bank, MAMC Branch, New Delhi

**Mail the completed registration with remittance to
Dr Vineet Relhan,
Treasurer, Nail Society of India,
35-F, Sector 7, SFS Flats, Jasola Vihar,
Delhi-110025
Telephone: 9968604408**

Signature

Visit website for updates:
Nailsocietyindia.com