ONYCHOSCOPE
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Nail Society of India
Official Newsletter of NSI
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Hello Nail Friends!

As you read the eighth issue of Onychoscope, it is the whole NSI Family which will feels proud to share this moment with you. The Nail Society of India, in its fourth year of existence (it was founded in February, 2012), has pulled off major feats. The crowning glory has been the hosting of the 3rd International Summit for Nail Diseases, in Delhi, India. Way back in 2013, at Marrakesh, when NSI won the bid to host ISND, we were a fledgling society with limited experience and funds, but we had loads and loads of enthusiasm and team spirit. With an unparalleled zeal to achieve the society's vision statement of "encouraging and advancing the current knowledge and practices about NAIL in health and disease", it was but natural for us to take upon this onerous task in a most humble fashion. From that day onwards, the Organizing Team, under the able guidance of our Founder President, Dr Archana Singal, set out to fulfill this grand responsibility in a most responsible fashion. I must say that these two years have been a roller coaster ride through the ups and downs, through opportunities and disappointments and through small successes and small failures. But God Almighty had reserved His special grace for us. He enabled us to achieve our target of hosting a spectacular conference in a most grand manner.

The 3rd ISND concluded on the 22nd November, 2015 and the readers shall find a detailed report in this issue. But on my part, I would like to mention that this International, one of its kind event saw the coming together of international geniuses working in the field of nails; as well as confluence of the three existing international nail societies viz the NSI (Nail Society of India), CND (Council for Nail Disorders), and ENS (European Nail Society). We were delighted to host 220 registered delegates (30-40 being from foreign countries including USA, UK, Germany, Belgium, etc and a large delegation from Morrocco. The nail research showcased was of enviable standards. Other than the international faculty of repute, we had resident researchers participating in large numbers. The 3rd ISND went down in history as the largest and most alive nail event till date, with unmatched socio-cultural and academic activities. There was prizes galore and this issue carries a complete list of the winners in various categories.

We at NSI resolve to continue to foster and nurture nail research in India in particular and all over the world in general. We seek the active participation of all our life members towards the same aim. The 5th ONYCHOCON will be hosted in Srinagar, Kashmir, by DrIffat Hassan and her team from GMC, Srinagar. I take this opportunity to welcome you all to this "Paradise on Earth".

This issue also contains our regular columns in the form of Nail Maze, Photoquiz, and announcement of Prize winners who had won complimentary registration to ISND. We shall try to continue this trend in the future as well. We look forward to having you all as a part of this beautiful and fruitful academic journey.

Wishing you and your near ones a Happy, Successful and Bountiful New Year 2016. May God fulfill all your wishes!

Chander Grover

Trachyonychia

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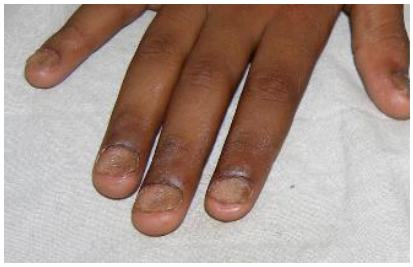
Synonyms: Twenty Nail Dystrophy (TND), Twenty Nail Dystrophy of the childhood, Rough Nails, Sandpapered Nails/ sandblasted nails

Introduction: Trachyonychia, derived from the Greek word *trakos*, for rough is a morphological entity with spectrum of nail plate surface abnormalities that produce nail roughness. Trachyonychia was first described by Alkiewicz in 1950 and later termed "twenty-nail dystrophy" By Hazelrigg et al in 1977. The term TND of childhood is a misnomer for two reasons; first as the condition can occur in adults and secondly any number of nails can be affected. However, few people reserve the term TND for Idiopathic nail roughness of the childhood and use 'Trachyonychia' for nail roughness due to identifiable causes. TND has been observed in monozygotic twins. **Familial & hereditary** cases have also been described. An **autosomal dominant** mode of inheritance has been postulated. Trachyonychia is encountered with increased frequency in children specially in the first decade, though it can occur at any age. The condition is more frequent in males than in females **(M:F= 4:1)**.

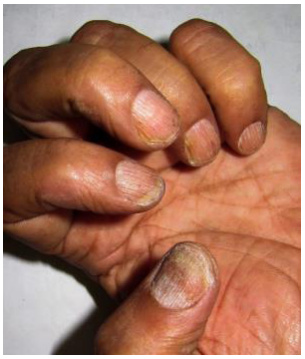
Clinical features: The **characteristic triad** of trachyonychia includes **Thin, Brittle nail with excessive longitudinal ridging** imparting nail plate a rough and opaque look. Cuticle may be hyperkeratotic and ragged.

Three clinical variants have been described:



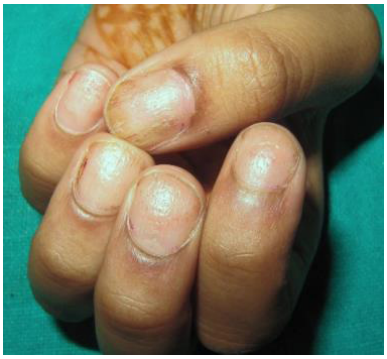
(Fig 1)

The **common variant:** with densely situated pits.



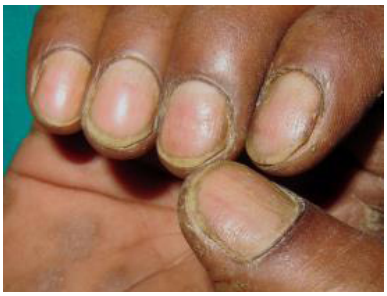
(Fig 2)

A **'sandpapered'** nail with a lustreless rough surface caused by excessive longitudinal ridging.



(Fig 3)

Shiny trachyonychia-less common variant, characterized by multiple small pits distributed in a geometric pattern within parallel, longitudinal lines.



(Fig 4)

Combination of these different features with varying severity in different nails may be observed in a single individual.

Koilonychia can be seen in all the types **(Fig 1)**.

Classification: Classically, trachyonychia may be divided in to two broad groups

a) **Idiopathic**- Isolated nail involvement in the absence of a personal history or signs of dermatological disease.
b) Patient with trachyonychia and a past history or concurrent alopecia areata (AA). In addition, trachyonychia has been described in association with numerous dermatological and systemic disorders (Table 1).

Table 1 - Trachyonychia and Associations

Lichen Planus	**ITP**
Psoriasis	**IgA defeciency**
Eczema and atopic dermatitis	**Incontinentia Pigmenti**
Vitiligo	**Sarcoidosis**
Ichthyosis vulgaris	**Pachyonychia Congenita**
Autoimmune hemolytic anemia	**Pemphigus vulgaris**
Graft versus Host disease	**Hidrotic ectodermal dysplasia**
Dyskeratosis congenita	**Nail Patella Syndrome**
Hereditary PPK	**Primary Biliary cirrhosis**

Trachyonychia is associated with AA in up to 12% of children and 3% adults. Nail abnormalities may appear months or even years before the onset of hair loss although concurrent presence of the two is most common. The frequency of trachyonychia is reported more in patients **with alopecia totalis or alopecia universalis**.

That's why, presence of trachyonychia is considered a negative prognostic factor in AA. Nail matrix biopsy usually demonstrate spongiotic changes; however, there are reports of patients with clinical AA demonstrating the typical features of lichen planus on nail biopsy.

Ten percent (10%) patients with nail lichen planus (LP), present with trachyonychia. Most of these patients have isolated nail LP. In contrast to the classic nail LP which present with pterygium, atrophy and scarring, trachyonychia due to nail LP generally runs a benign course with possible spontaneous resolution and no scarring. Therefore, many experts feel that it may be considered a separate entity. Trachyonychia has also been described in association with zosteriform LP. TND without any muco-cutaneous lesions has recently been reported in a patient with gold allergy used for dental filling and he tested positive for Gold Sod Thiosulfate at 7 days.

TND has been described in association with acrofacial and segmental vitiligo. Trachyonychia has been considered it to be a specific localization of atopic dermatitis in the nail matrix.

Diagnosis: As trachyonychia results from a disease of the nail matrix, therefore a nail-matrix punch biopsy or longitudinal biopsy is required to arrive at a **histopathological diagnosis**. However, this is generally not recommended because of the benign nature of the disease and because trachyonychia improves spontaneously in majority of patients over a period of time.

Characteristic **histologic changes** include spongiotic change along with inflammatory infiltrate in nail epithelium, seen in idiopathic and AA associated trachyonychia. Hypergranulosis has also been observed frequently. Trachyonychia secondary to psoriasis or LP will show changes of the respective diseases.

Treatment: There is a big dilemma in managing cases of trachyonychia; treat or not to treat because it is a benign disorder with tendency to spontaneous resolution in majority in few months to few years and never leads to nail scarring. So reassurance is the simplistic treatment especially in children who may not opt for painful intralesional steroid injections or when parents have valid concerns for the safety profile of various systemic agents. Only condition, frequently associated with trachyoychia and should be searched for in all cases is AA.

There is currently no universally accepted and evidence based treatment for trachyonychia. There have been many anecdotal case reports of successful use of many therapeutic modalities, both topical and systemic **(Table 2)**. In patients with concomitant AA, LP and Psoriasis many treatments viz systemic steroid, methotrexate and retinoids have been shown to improve trachyonychia. Intramatricial injections of Triamcinolone acetonide at 3-4 weeks interval give gratifying results.

Table 2: Different Treatment Options for Trachyonychia

Systemic Treatment	Topical treatment
1. **Biotin- Up to 20 mg daily**	1. **Tazarotene gel 0.1% -** At night daily for 3 months
2. **Acetretin- 0.3-0.5mg/kg for 3 months**	2. **Topical 5-fluorouracil 5% cream-** 20 minutes applications alternate days with decreasing frequency to once a week.
3. **Cyclosporin- 3 mg/kg/day orally**	3. **Triamcinolone acetonide (TA)-** injected intramatricially in to the proximal nail folds every 3-4 weeks
4. **Betamethasone as oral mini pulse**	
5. **Psoralen plus UVA (PUVA)**	
6. **Triamcinolone acetonide (TA) - I/M 0.5-1.0mg/kg every 4 weeks**	

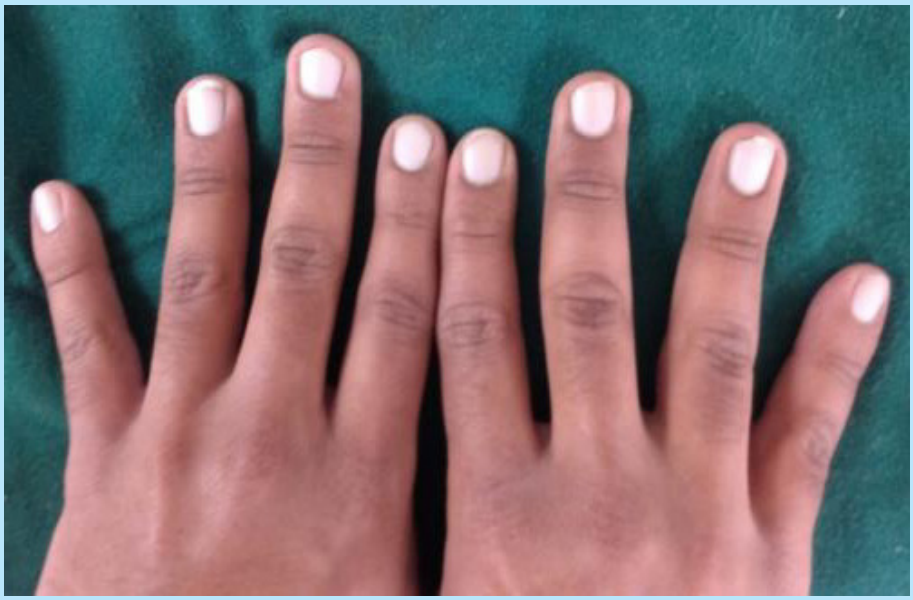
Conclusions: Trachyonychia is a benign disorder with tendency to spontaneous resolution in majority therefore 'No treatmentpolicy' to be followed in children. The term 'Twenty nail dystrophy' should be reserved for idiopathic cases in children while 'Trachyonychia' should refer to rough nails with identifiable causes. Intramatricial TA Injections and cyclosporin appear promising for patients requiring treatment.

Photo Quiz

We present the case of a 21 year old male who presented to us with complaint of all his fingernails being totally white since birth.

He also gave history of two of his sisters to have the same complaint. He had no issues with his hearing and or history suggestive of renal calculus. On examination, all his fingernails were completely white with no other nail changes. Rest of the mucocutaneous examination was WNL. Hemogram, LFT, KFT, XRAY KUB, audiometry was also WNL.

Q. What is your diagnosis and what are the syndromes associated?



Conference Report

3rd International Summit of Nail Diseases (ISND) and 4th ONYCHOCON (Annual National Conference of Nail Society of India)

The conferencewas organized from **20-22nd November** at Hotel Holiday Inn, Mayur Vihar, Delhi. It was organized under the guidance and leadership of Dr Archana Singal, Organizing Chairperson and DrChander Grover, Organizing Secretary. This two and a half day event was preceded by a "**Pre-Conference Workshop on Nail Surgery**" organized on the **19th of November, 2015** at **Conference Hall, UCMS and GTB Hospital**, Dilshad Garden, Delhi.

It was heartening to see that the attendance and the level of interest of delegates (both national and international) is going up every passing year. The 4 day program was highly appreciated. The Scientific program was rated as a true academic feast roping in renowned national and international speakers, literally the Who's Who in the field of nail research. The quality of research presented in the form of papers and posters was also outstanding, reflecting the growing body of evidence in this field. The notable International Faculty deliberating during the 3rd ISND included Bertrand Richert (Belgium. President, Council of Nail Disorders, USA); Eckart Haneke (Germany); David DeBerker (UK, Vice President, European Nail Society); Dimitris Rigopoulos (Greece, Founder, ISND); Soumiya Chiheb (Morocco); Phoebe Rich (USA); Anne Howard (Australia); AvnerShemer (Israel); Sudha Agarwala (Nepal); Feroze Kaliyadan (Saudi Arabia) and Don Heller(USA).

Pre-Conference Workshop

The Workshop was a live surgery workshop (conducted by Indian Faculty) while video demonstrations were done by Dr Bertrand Richert, (President, Council for Nail Disorders) and Dr Eckart Haneke (Germany) as International Faculty. It was attended by 140 enthusiastic delegates from various parts of India. The keenness to ask questions, seek answers and give their own inputs was distinctly visible. The latest and state of art about nail surgery was discussed in form of lecture, live demonstration by eminent national and international faculties in the program.

The workshop commenced with lecture and video demonstration of Basics of nail surgery like anesthesia, proper tourniquet application etc. Subsequently, all these were demonstrated live as well. The techniques for nail biopsy; lateral nail matrix phenolisation for ingrown nail; intralesional bleomycin for periungual and subungual warts; and Fractional CO2 LASER as adjunct therapy in onychomycosis were demonstrated. Various types of ingrown nail procedures and surgical removal of nail tumors were demonstrated by means of slide presentation and pre-recorded videos by the international faculty. The delegates actively participated and interacted with the experts. It was an enriching experience for both audience and demonstrators.

Day 1: 20th November, 2015

The Conference was meticulously planned and executed. The team of Masters of ceremonies consisting of DrsKhushbu Goel, Rahul Arora, Deepashree Daulatabad, Kavita Bisherwal, and Pallavi Ailawadi ensured a smooth conduct of the events. The meeting commenced dot on time with the master of ceremony welcoming all the delegates. The well-knit scientific program was the backbone of the conference.

The first session was the Nail basics course. Anatomy and physiology of nail were discussed in detail. Dr. Rajat Kandhari and Dr. Pooja Arora highlighted the clinically relevant anatomy and physiology of nail. Dr. Soni Nanda made delegates ware about various terminologies with regard to nail disorder and gave a brief overview to the approach to diagnosis of the same. Dr Sonal Sharma

discussed the histopathological aspects. She correlated clinical findings with histopathology e.g. presence of fibrosis is nail lichen planus correlates with the irreversible clinical changes like pterygium, anonychia etc. DrChander Grover discussed dermoscopy/ Onychoscopy in the early diagnosis, especially nail fold capillaroscopy in scleroderma; and differences between psoriatic and onychomycotic nails. Dr Kalpana Bhat, a radiologist by training, with extensive experience in ultrasonographic examination of nail, deliberated on Ultrasound Biomicrospic examination of nail unit. She discussed that neurofibromas glomus tumors etc can be diagnosed by USG. Even lesions as small as 1.5 mm could be diagnosed.

This was followed by a brief Inauguration Ceremony. **Dr Venkataram Mysore, President IADVL** was the Chief Guest and Dr Sunil Kumar, Medical Superintendent, GTB Hospital was the Guest of Honor. The ceremony commenced with SaraswatiVandana and traditional lamp lighting and concluded with a rendition of the Indian National Anthem.

The session on Nail psoriasis witnessed excellent presentations by Dr Dimitris Rigopoulos showing clinical manifestations of nail psoriasis. Dr Sudha Agarwal made delegates aware about many scoring systems available for evaluation of nail psoriasis. Dr Neena Khanna deliberated on various aspects of psoriatic nail diseases. Dr Anne Howard discussed Dexamethasone iontophoresis for treatment of nail psoriasis. She showed good treatment results for recalcitrant nail psoriasis; the flipside being multiple hospital visits for the same. The panel discussion on management of nail psoriasis was moderated by Dr Paschal Dsouza. The eminent panel of Drs Dimitris, Soumiya Chiheb, Anne Howard, Chander Grover and Manjunath Shenoy discussed many difficult practical problems. It was discussed that biologics may even be considered in isolated nail psoriasis if patient is much disturbed by the condition.

Post lunch sessions began with stalwarts sharing their interesting cases from across the globe like melanoma of nail, superficial acral fibromas etc. We had interesting presentations by Drs Bertrand Richert, Phoebe Rich, SidharthSonthalia and SoumiyaChiheb. The next session on inflammatory nail disorders was enriching for audience. DrIffat Hassan discussed the clinical aspects of nail lichen planus in detail. Dr Ananta Khurana summarized the evidence based treatment modalities for this disease. Dr Sandip Mohanty spoke at length about Trachyonychia. The next session was on nail surgery. Basic aspects were discussed with Dr Sushil Tahiliani discussed various anaesthesia techniques and much more. Dr Archana Singal detailed the indications, techniques and outcomes of nail biopsy. The first day proceedings concluded with the qualifying round for

Onychoquest: The Nail Quiz conducted by Dr Biju Vasudevan. A total of 17 teams participated and 4 of these qualified for the finals.

Day 2: 21st November, 2015

Day 2 again started on time at 8 am in the morning. Even the first session saw participation by 8 enthusiastic researchers and many enthusiastic listeners. The free paper session research presentations on dermoscopy, onychomycosis, ingrown nail, nail lichen planus etc. The evening free paper session presented interesting case series of common and not so common nail disorders. The level of research was astounding with the young members coming up with innovative studies and fresh answers.

The sessions were judged by Drs Manjunath Shenoy and Soni Nanda to grant **NSI Appreciation Awards**. A number of research presentations were also on display as E-posters for the duration of the Conference. These 20 E-posters on various topics, from around the world were separately judged by Drs RG Torsekar, Manjunath Shenoy and Surabhi Dayal to select the best three posters.

The session on onychomycosis was enriching with talks given by stalwarts. Drs Rigopoulos and Shemer deliberated on various aspects of Dermatophyte and Non-dermatophyte onychomycosis respectively. Dr Shukla Das presented microbiologist's perspective on optimizing laboratory diagnosis of onychomycosis. Dr Don Heller deliberated on basics of Laser therapy for this common disorder. The ensuing panel discussion moderated by Dr Manjunath Shenoy saw Drs Shemer, Rigopoulos, Vineet Relhan and Paschal DSouza discuss and offer practical solutions for day to day practicioner issues in the treatment of onychomycosis. As it is a common disorder, the audience were much benefitted from experiences of the speakers.

The next session saw an interesting mix of presentations on various topics. Dr Amiya Mukhopadhyaya offered an interesting perspective on History of Onychology, highlighting key researchers and landmarks in this field. He drew content from both recorded as well as ancient history. AGNUS (asymmetrical gait nail unit syndrome) is commonly misdiagnosed as Onychomycosis or psoriatic nail. Dr Eckart Haneke discussed regarding this entity, making the audience aware about this commonly encountered problem. Dr David De Berker deliberated on wound care in Nail Surgery highlighting common and uncommon dressings to hasten wound healing. Dr Feroze Kaliyadan enhanced our nail photography skills by sharing interesting and easy to use tips to enhance the quality of photographs taken.

An entire session dealing with nail unit tumors opened with Dr Chander Grover deliberating on benign tumors. She emphasized the features of benign nail tumors including glomus tumor and demonstrated surgical results. Dr Raghunatha Reddy deliberated on peri/subungual warts. He shared treatment results with Cryotherapy and some with bleomycin. Dr Bertrand Richert deliberated on malignant tumors including Bowen's diseases and squamous cell carcinomas.

Post lunch reinvigoration was done with interesting nail cases from across the globe shared by Drs Anne Howard, Eckart Haneke, Sanjiv Handa, Sushil Tahiliani and David DeBerker. The role of nail findings in suspecting and assessing systemic disease as well as poisoning was highlighted. The next session aimed to dissect the problem of nail pigmentation. Drs David De Berker and Phoebe Rich deliberated on the melanocytic and non-melanocytic causes respectively. The session on nail surgery was devoted to ingrown nail and chronic paronychia. Drs Somesh Gupta and Bertrand Richert highlighted the non-surgical and surgical techniques for handling the common but recalcitrant condition of ingrown nail. Dr Shikha Bansal highlighted the etiopathogenesis and treatment options (surgical and non-surgical) for chronic paronychia.

The day's scientific proceedings came to an exciting finale with the finals of **Onychoquest: the nail quiz**. The Finals were conducted by Drs Shyam Verma and Biju Vasudevan. The finalists were Drs SubuhiKaul and Nisha Madan (UCMS, Delhi); Prachi Kawthekar and Deepak Jakhar (UCMS, Delhi); Shraddha Pitalia and Khushpreet Kaur Mann (VMMC and Safdarjung, Delhi) and Prashansa Jaiswal and Abhishek Shukla (ESI, Delhi). The team from VMMC was declared the winner after a closely fought tie-breaker.

This was followed by Annual GBM of Nail society of India attended by Life Members of the society. The Agenda items were discussed as well as it was unanimously decided to organize the next ONYCHOCON at Srinagar, hosted by Dr Iffat Hassan and her team at GMC, Srinagar.

The hectic day ended with a well deserved and enriching Gala dinner. The atmosphere was electrifying with the Indian cuisine, music and dance being appreciated by all the foreign delegates.

Day 3 : 22nd November, 2016

The scientific program again started dot at 8.00 am with the prestigious Award Paper session. Eight outstanding research papers were selected for the session. Drs Bertrand Richert, Col Rajesh Verma and Bela Shah judged the presentations on the basis of quality of research and presentation skills. The closely fought contest was jointly won by Drs Deepak Jakhar and Swagata Arvind Tambe. Dr Subuhi Kaul and Dr Deepashree Daulatabad were the second and third prize winners respectively .

The next session on advanced nail surgery had an excellent talk by Dr Eckart Haneke demonstrating some of his very interesting surgeries. Dr Ashish Rai, a plastic surgeon by training, discussed split nails and the varying surgical management techniques for different grades of severity.

This was followed by Nail Pot-pourri consisting of enlightening talks by Dr Deepika Pandhi on nail in genodermatosis; nail in immunocompromised by Dr David D' Berker; nail in connective tissue disorders by Dr Bela Shah; and nail in old age by Dr Savitha. The next session had some very interesting talks by Dr Archana Singal on nail tic disorders; forensic importance of nail by Dr Rajesh Verma; drug induced nail abnormalities by Dr Vibhu Mehndiratta; and micronutrients in nail by Dr. Geraldine Jain. The final session of the conference saw some very innovative talks covering the various aspects of aesthetic practices in nail including chemical peels, gel nails and lasers by Drs Phoebe Rich, Soni Nanda, and Nirmal B.

The scientific content and the presentation of majority of the talks was highly appreciated by the delegates.

The conference concluded with the Valedictory Function. The winners of Award Paper; Nail quiz; Eposters and Free paper sessions were felicitated amongst a loud applause. Four of the winners received complimentary registration to the 4th ISND at Athens, Greece being hosted by Dr Dimitris Rigopoulos in 2017. The support of the Pharmaceutical companies was duly acknowledged.

Compiled by:
Dr Shikha Bansal , Dr Chander Grover

Excerpts from Nail Literature

Elena C, Evelin J P, Gaetana C, et al. Tazarotene as alternative topical treatment for onychomycosis Drug Des DevelTher. 2015; 9: 879–886. Published online 2015 February 16

Distal and lateral onychomycoses, the common presentation of onychomycosis, manifests subungual hyperkeratosis, which interferes with the local penetration of antimycotic drugs. In this preliminary open clinical trial, fifteen patients affected by distal and lateral subungual onychomycosis of the toenails were treated with topical tazarotene 0.1% gel once per day for 12 weeks patients and the fungistatic activity of tazarotene was verified in vitro. Mycological cultures and potassium hydroxide mount of nail samples were performed at the beginning and at the end of the study. Clinical healing and negative mycological culture were the measures of treatment efficacy. Onycholysis, nail bed discoloration, and subungual hyperkeratosis were measured using standardized methodologies and analyzed by means of Mann–Whitney test and analysis of variance. Fungistatic activity of tazarotene was evaluated by disk diffusion assay. Six patients (40%) attained a mycological cure on after 4 weeks of treatment. Complete clinical healing and negative cultures were attained in all patients at week 12, with a significant improvement of all clinical parameters of the infected nails. Disk diffusion assay after 48 hours of incubation with tazarotene solution demonstrated inhibition in all examined fungal cultures. It was concluded that the efficacy and safety of tazarotene must be confirmed in larger studies.

Elewski BE, Aly R, Baldwin SLetal.Efficacy and safety of tavaborole topical solution, 5%, a novel boron-based antifungal agent, for the treatment of toenail onychomycosis: Results from 2 randomized phase-III studies. J Am AcadDermatol. 2015 Jul;73(1):62-9.

In this study, the efficacy and safety of tavaborole topical solution, 5% for treatment of toenail onychomycosis was evaluated. In 2 phase-III trials, adults with distal subungual onychomycosis affecting 20% to 60% of a target great toenail were randomized 2:1 to tavaborole or vehicle once daily for 48 weeks. Complete cure of the target great toenail (completely clear nail with negative mycology) at week 52 was taken as the primary end point, while completely or almost clear nail, negative mycology, completely or almost clear nail plus negative mycology, and safety comprised the secondary end points. Tavabarole was found to be significantly more effective than vehicle in terms of rates of negative mycology (31.1%-35.9% vs 7.2%-12.2%) and complete cure (6.5% and 9.1% vs 0.5% and 1.5%). Also, with respect to rates of complete or almost clear nail rates tavaborole was superior than vehicle (26.1%-27.5% vs 9.3%-14.6%; P < .001). Again, rates of completely or almost clear nail plus negative mycology (15.3%-17.9% vs 1.5%-3.9%) were significantly greater for tavaborole). Exfoliation (2.7%), erythema (1.6%), and dermatitis (1.3%) were observed in tabavarole group. It was concluded that tavaborole demonstrates a favorable benefit-risk profile in treatment of toenail onychomycosis.

Crowley JJ1, Weinberg JM2, Wu JJ3, et al; National Psoriasis Foundation.Treatment of nail psoriasis: best practice recommendations from the Medical Board of the National Psoriasis Foundation. JAMA Dermatol. 2015 Jan;151(1):87-94.

Nail psoriasis may pose difficulty in treatment and can significantly impair the quality of life. There is a dearth of controlled trials in the treatment of this condition. Treatment recommendations were formed for 4 clinical nail psoriasis scenarios. Treatment of nail psoriasis should be based on consideration of the extent of skin disease, psoriatic arthritis, and severity of nail disease with concomitant impairment of quality of life. In addition, all patients should be evaluated for onychomycosis because this may complicate psoriatic nail disease. For isolated nail psoriasis, high-potency topical corticosteroids with or without calcipotriol are initial options. For patients with significant nail disease where topical therapy has failed, treatment with adalimumab, etanercept, intralesional corticosteroids, ustekinumab, methotrexate sodium, and acitretin are recommended. For patients with significant skin and nail disease, adalimumab, etanercept, and ustekinumab are strongly recommended, and methotrexate, acitretin, infliximab, and apremilast are recommended. Finally, for a patient with significant nail, skin, and joint disease, adalimumab, etanercept, ustekinumab, infliximab, methotrexate, apremilast, and golimumab are recommended. It was concluded thatclinical trial data are limited, and inconsistent results make comparisons among treatment options difficult.

Compiled by:

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Nail Humor

Compiled by: Dr. Shikha Bansal

Prize Winners for The 3rd International Summit of Nail Diseases (ISND) and 4th ONYCHOCON (Annual National Conference of Nail Society of India)

The conference was a big hit with residents and researchers with 49 abstracts being presented (as oral presentations and e-posters). . Winning team of quiz and winner and runner-up of award papers get **Complimentary registration to 4th ISND, Greece (2017)**

ONYCHOQUEST: The Nail Quiz

Winners:

Drs Shraddha Pitalia and Khushpreet Kaur Mann (VMMC and Safdarjung)

Runners up:

Drs Prashansha Jaiswal and Akhilesh Shukla (ESI, Basaidarapur, Delhi)

Finalists:

Drs Prachi Kawthekar and Deepak Jakhar (UCMS and GTB Hospital, Delhi)
Drs Nisha Madan and SubuhiKaul (UCMS and GTB Hospital, Delhi)

AWARD PAPER SESSION

First Prize:

Dr Deepak Jakhar: Nail Fold capillaroscopic features in Systemic Sclerosis
Dr Swagata Arvind Tambe: Case series of rare benign and malignant nail tumours

Second Prize:

Dr SubuhiKaul: Clinico-Histological correlation in nail psoriasis

Third Prize:

Dr Deepashree Daulatabad: Comparative Study of Medium Depth Chemical Peels (70% glycolic acid versus 15% phenol) in superficial nail abnormalities

E-POSTER SESSION

First Prize:

Dr Dipali Ganesh Rathore : Diagnostic utility of dermatoscope: A cross sectional study of 85 cases of nail psoriasis and onychomycosis

Second Prize:

Dr Bahija Lemrhari: Ungual epidermoid carcinoma : 5 Case reports

Third Prize:

Dr Nirmal B: Finger shaped red LED device to ascertain the extent of periungual wart

FREE PAPER: APPRECIATION AWARD

First Prize:

Dr Balachand Suryakant Ankad: Dermoscopy of nail capillaries: A novel diagnostic tool in connective tissue diseases

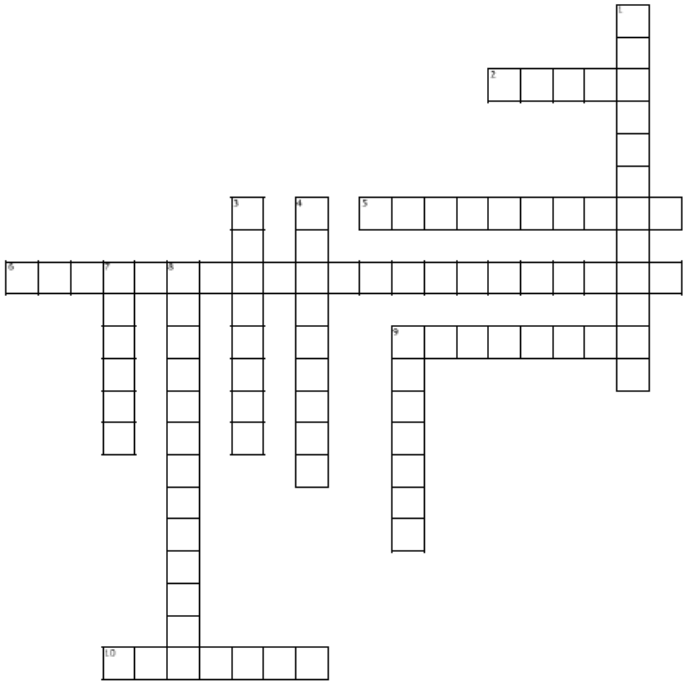
Second Prize:

Dr Pooja Sharma: Role of commonly available household reagents in improving nail microtomy

Third Prize:

Dr Bahija Lemrhari: Subungual exostosis: A study of 30 cases

NAIL MAZE



Across

2. Excavation in distal nail in a triangular pattern
5. Thick nails
6. Idiopathic hypertrophic osteoarthropathy
9. leuko-onycholysisparadentotica
10. ppretibial myxoedema, exophthalmos, finger clubbing

Down

1. Increased local expression of this AMP in nail
3. Drug that causes red or purple discolouration of nails
4. Drug that causes faster nail growth
7. Median nail dystrophy
8. Long nails
9. Hardness of nails is due to this mineral

Nail Maze

Dr. Pooja Arora MD,DNB
Assistant Professor
Department of Dermatology & STD
RML Hospital,Delhi

Please mail your answers to nailsocietyofindia@gmail.com. Prize winners will be announced in the next issue of onychoscope.

Answer to Photo Quiz

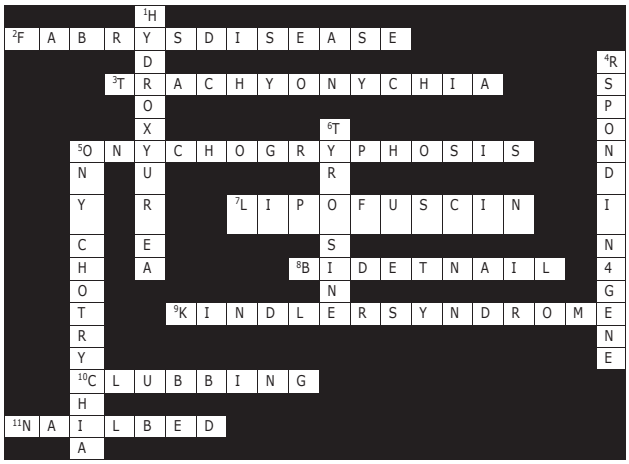
Diagnosis: Total leukonychia

Total leukonychia is usually an autosomal dominantly inherited condition. It can be also autosomal recessive inherited. In autosomal dominantly inherited form, it can be a part of Bart-Pumphrey Syndrome in which there are also knuckle pads and deafness or Buschkell-Gorlin Syndrome in which there is also sebaceous cysts and renal calculus.

Photoquiz contributed by:

Dr. Tanvi Gupta
(MBBS, MD)
Senior Resident, Maulana Azad Medical College and Aassociated Lok Nayak Hospital.

Solution to the nail maze from Onychoscope Vol. 4, Issue 2, July 2015

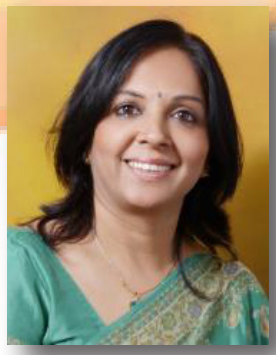


The winners are

Deepashree Dalatabad, Himanshu Gupta, Shikha Gupta, Kavita Bisherwal, Sumit Sethi

(All correct entries, in the order of their receipt by mail)

Editorial Board Members



Dr Archana Singal

Dr Chander Grover

Dr Shikha Bansal

ONYCHOCON – 2016

5th Annual Conference of Nail Society of India

2nd-3rd September 2016
SRINAGAR – KASHMIR

Organized and Hosted by:

Postgraduate Department of Dermatology, Sexually Transmitted Diseases & Leprosy

Government Medical College Srinagar, J&K , India

Invitation to the Delegates

Dear Colleagues,

It gives me immense pleasure to invite you to "ONYCHOCON 2016", the 4th Annual Conference of the Nail Society of India. Nail disorders are one of the most challenging aspects of dermatology and it will be our earnest endeavor to provide you a feast of knowledge that you can carry home and utilize for the benefit of your patients. Eminent speakers will be delivering their personal experiences on the difficult to manage aspects. A Half day Workshop on nail surgeries and onychoscopy will also be organized.

Srinagar the venue of the conference offers everything that a tourist demands of nature and includes tranquil picnics to enjoy in silent glades, pony rides to meadows of flowers, golf by the edge of lakes, swimming, water skiing and water surfing on the breath taking beauty of Dal Lake. We are trying our best to make this event enjoyable, interesting and informative. Please register at the earliest and help us in organizing the event smoothly.

With kind regards,

Dr Iffat Hassan

Professor and Head
Postgraduate Department of Dermatology,
Sexually Transmitted Diseases & Leprosy,
Government Medical College, Srinagar-(J&K) India
Mobile:09419077667; E-mail: hassaniffat@gmail.com

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Dr Syed Mubashir

ABSTRACT

Abstracts for free paper/award paper / poster should be submitted by 31st May 2016 to **onychocon2016@gmail.com**.
It should be a structured abstract of 250 words.

ONYCHOCON – 2016

Registration Form

Name (in block letters)----------

Mailing Address----------

City----------

State----------

Pin---------- STD Code----------

Phone (Work)---------- (Res.)----------

Mobile*----------

Email* ----------

Cheque / DD No.---------- Dated ----------

Drawn on----------

Amount----------

Date---------- Signature----------

*Please note that it is essential to have a functional Email ID and Mobile No.

REGISTRATION FEE DETAILS			
Registration Category	**Till 31st April2016**	**Till 31st June 2016**	**After 31st June 2016****
Delegate (NSI member)	Rs 3500	Rs 4500	Rs 6000
Delegate (Non-Member)	Rs 4500	Rs 5500	Rs 7000
PG Student*	Rs 3000	Rs 4000	Rs 5000
Accompanying person	Rs 3000	Rs 4000	Rs 5000

*PG students to submit letter from HOD

**Subject to availability. Kits can't be guaranteed in late registration.

PAYMENT DETAILS:

Bank Name : J & K Bank, GMC, Sgr-190010
Account Name : Onychocon 2016
Account No. : 0349010100000942
IFSC Code : JAKA0DOCTOR
MICR Code : 190051023
SWIFT Code : JAKAINBBSRI