

Super U Technique for Ingrown Nails[☆]



Exéresis en U para onicocriptosis

Onychocryptosis or ingrown nail is a common condition, seen mostly in adolescents and young adults. The etiology is multifactorial: repeated trauma, hyperhidrosis, a broad nail plate, cutting the corners of the nail at an angle. The condition can be classified into 3 or 4 progressive stages. In stage 1, the lateral nail border is painful and slightly swollen; the later stages are characterized by marked hypertrophy of the lateral nail folds and the development of granulation tissue.

Treatment depends on the clinical stage: while conservative measures are sufficient in stage 1, surgery is indicated in stages 2 to 4.

In onychocryptosis, the aim of surgery is to eliminate granulation tissue and hypertrophic tissue and to perform a matricectomy. Various clinical studies have shown matricectomy with 88% phenol to be a simple technique that gives excellent results with minimum complications. Several surgical techniques have been described for removing excess soft tissue. The method most often used is the

Howard-Dubois technique, which is usually effective in mild to moderate cases.

In this issue of *ACTAS Dermo-Sifiliográficas*, Correa J et al.¹ report on a series of 10 patients with onychocryptosis treated using the super U technique described by Dr. Péres Rosa. The evidence shows that this is a useful procedure in severe cases or when onychocryptosis recurs after treatment. Of note in this series are the good results obtained without complications, although the healing time was somewhat slow (6 weeks). Clinical studies comparing the different surgical procedures used to treat this very prevalent onychopathy are needed.

Reference

1. Correa J, Magliano J, Agorio C, Bazzano C. Exéresis en U para la onicocriptosis. *Actas Dermosifiliogr.* 2017; <http://dx.doi.org/10.1016/j.ad.2017.01.010>.

M. Sánchez-Regaña

Capítulo de uñas del CILAD, Member of European Nail Society, Clínica Dermacot, Mataró, Barcelona, Spain
E-mail address: msanchezreg@hotmail.com

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Tumor Necrosis Factor Inhibitors, Antinuclear Antibodies, and Autoimmunity in Patients With Psoriasis[☆]



Fármacos anti-TNF, anticuerpos antinucleares y autoinmunidad en pacientes con psoriasis

In the past decade, tumor necrosis factor inhibitors have been used to treat millions of patients with different immune-mediated diseases, demonstrating high levels of efficacy and safety. In various studies, mostly in the field of rheumatology, these agents have been shown to induce positive (33% to 77%) antinuclear antibody (ANA) results; autoimmune diseases have also been reported, primarily lupus, vasculitis, and sarcoidosis.

The article on this topic in the current issue is a retrospective study of a cohort of patients with psoriasis who were treated in a single hospital with adalimumab or etanercept (65 patients in each group). The authors found a relatively large number of patients with positive ANA test result, in line with the findings reported in the literature (12%-37% for etanercept and 25%-50% for adalimumab). The findings of this study are important because they show that, despite the positive ANA test results, none of the patients developed autoimmune connective tissue disease and no association was found between a positive ANA test and the other, possibly autoimmune-related, events reported (paradoxical psoriasis and local reactions, 1 case of urticaria, and 1 of alopecia areata). Other findings relevant to clinical practice are the lack of any association between the appearance of ANA and drug efficacy or between ANA and prior exposure to a biologic agent.

Based on their results and a review of the literature, the authors recommend routine ANA testing and screening for autoimmune diseases before a patient starts biologic therapy, but propose that serial measurement of ANA during follow-up should be limited to patients with suspected autoimmune disease, a strategy that would contribute to the efficiency of the care process.

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P. de la Cueva Dobao*

Servicio de Dermatología, Hospital Universitario Infanta Leonor, Madrid, Spain

* Corresponding author.

E-mail address: pdelacueva@yahoo.com

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Cutaneous Angiosarcoma: The Importance of Clinical Suspicion[☆]



Angiosarcoma cutáneo: la importancia de la sospecha clínica

Cutaneous angiosarcoma is one of the most aggressive tumors we encounter in the practice of dermatology. The low prevalence of this skin tumor and the existence of numerous subtypes (the classic form and lesions that develop on lymphedema or irradiated skin) make it difficult to study the large case series needed to identify prognostic markers and appropriate treatment strategies. Only 2 new findings stand out in the recent research on these tumors. First, the overexpression of the *MYC* gene (using immunohistochemical staining techniques) and its amplification (fluorescence in situ hybridization) have been shown to be useful in distinguishing cutaneous angiosarcoma from atypical postradiation vascular proliferations. Second, the results of the clinical trials carried out to date do not indicate that angiogenesis inhibitors are of great use in controlling the disease. In this context,¹ have carried out an exhaustive analysis of the clinical and pathological characteristics of a series of 16 patients treated at the

Instituto Valenciano de Oncología over a 16-year period. Of note, their results reveal an increase in the proportion of cases of postradiation angiosarcoma compared to earlier studies, probably due to the increased use of radiation therapy as opposed to radical mastectomies. As tumor diameter is one of the recognized prognostic factors, early diagnosis and surgical excision with wide margins continue to be the mainstay of treatment. Consequently, dermatologists and oncologists must treat any lesion with a bruise-like or vascular appearance that develops on areas of lymphedema and/or irradiated skin with a high level of suspicion.

Reference

1. Requena C, Sendra E, Llombart B, Sanmartín O, Guillén C, Lavernia J, et al. Angiosarcoma cutáneo: estudio clínico-patológico de 15 casos. *Actas Dermosifiliogr.* 2017.

A. Toll

Servicio de Dermatología, Hospital del Mar, Barcelona, Spain

E-mail address: AToll@parcdesalutmar.cat

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