

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>.

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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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