ABSTRACT BOOK ABSTRACTS



DERMOSCOPY AND SKIN IMAGING

DERMOSCOPIC FEATURES OF NAIL PSORIASIS IN 55 PATIENTS (550 FINGERNAILS AND 440 TOENAILS): AN OBSERVATIONAL AND ANALYTICAL STUDY

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Introduction: Nail involvement in psoriasis occurs concurrently in up to 30-50% of patients. About 5-10% patients have isolated nail disease. Nail biopsy, though considered diagnostic gold standard, is a cumbersome procedure. Onychoscopy, a quick, reproducible and non-invasive tool, might obviate the need for biopsy for diagnosis of nail psoriasis and help in post treatment follow up.

Objectives: To evaluate onychoscopic features of nail unit in patients with nail psoriasis.

Methods: Fifty-five patients with clinically diagnosed and histologically documented psoriasis with nail lesions or isolated nail psoriasis were recruited. Onychoscopy was performed on each involved nail i.e. 443/550 fingernails and 101/440 toenails, excluding 5th toenails. The frequency distributions of various dermoscopic findings was assessed and compared by applying Chi-square test (p-value <0.05 was considered significant). Difference in the frequency of various nail findings on clinical and dermoscopic examination were compared.

Results: Most common dermoscopic finding in fingernails was pitting (60.49%) followed by subungual hyperkeratosis (SUK) (52.82%) and dotted capillaries in hyponychium, proximal nail fold (PNF), lateral nail fold (LNF) (38.6 vs 35.8 vs 35.8%). In toenails, we observed nail plate thickening (82.1%), SUK (85.1%) and dotted capillaries in hyponychium, PNF, LNF (59.4 vs 53.4 vs 45.5%). Fuzzy lunula was novel dermoscopic finding noted in our study (33.6% fingernails vs 4.95% toenails; p<0.00001). The difference in frequency of various nail findings on clinical and dermoscopic examination was found to be statistically significant (p<0.05) for detection of red spot, longitudinal ridging, subungual hyperkeratosis and splinter hemorrhages.

Conclusion: Dermoscopy acts as an interface between clinical and histological examination. It may aid in the diagnosis of nail psoriasis even before the clinical signs of nail involvement are apparent. Hence, dermoscopy should be performed before considering nail biopsy as





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A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

the diagnostic tool in patients with nail psoriasis.



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