AAD

DermWorld meeting news

A Publication of the American Academy of Dermatology | Association

Sunday • March 29, 2026

See Exhibit Hall Map and Exhibitor Listing. **PAGES 8-10**

Outgoing Academy President Susan C. Taylor, MD, FAAD, and keynote speaker John Legend at Friday's Opening Ceremony.

Flying high

Friday's **Opening Ceremony** was one for the books. Gold Medal recipient Henry W. Lim, MD, FAAD, shared his inspiring story of growing up and becoming a doctor. President-elect candidates Jane M. Grant-Kels, MD, FAAD, and Robert S. Kirsner, MD, PhD, FAAD, previewed their top issues and ambitions for the organization. Last, but certainly not least, keynote speaker John Legend chatted with Susan C. Taylor, MD, FAAD.

The AAD Annual Meeting continues to deliver more content than ever with abundant opportunities to connect, collaborate, and grow. There is much to look forward to and be optimistic about in dermatology.

At this morning's **Plenary**, four talented researchers will accept their awards and give lecture presentations on topics that impact dermatology, medicine, and science.

AAD members will also hear from outgoing Academy President Dr. Taylor and incoming Academy President Murad Alam, MD, MSCI, MBA, FAAD, who will collectively reflect on the state of the specialty. The notable event begins at 9:30 a.m., in Bellco Theatre, with the **Annual Business Meeting**.

Scientific sessions continue all day today and tomorrow, culminating with two final sessions Tuesday morning. However, today is the final day to explore the **Exhibit Hall**, 10 a.m.-3 p.m., and view posters, 7 a.m.-5 p.m.

Don't miss your final chance to network with more than 350 exhibitors and stop by the **AAD Resource Center** (Booth 427). Also, check out 2026 Annual Meeting On-Demand and register for the 2026 Innovation Academy happening in New York, July 16-19.

Finally, make your vote count in the AAD election. New in 2026, the process for selecting your future Academy leaders runs concurrent with the Annual Meeting, which means Tuesday, March 31, is your last day to vote. Election results will be announced the following day on April 1. Enjoy the rest of your time here in Denver! ●

Say cheese!
View more photos online at the AAD Photo Gallery.
aadmeetingnews.org/photo-gallery

HAPPENING TODAY

Plenary lineup

9:30 a.m.-noon
Bellco Theatre

9:30 a.m.
Annual Business Meeting
Keyvan Nouri, MD, MBA, FAAD

10 a.m.
Chair's Welcome
Howard Wooding Rogers, MD, PhD, FAAD

10:05 a.m.
John Kenney Jr., MD, Lifetime Achievement Award and Lectureship
"Running to the Pain: How Dermatology Offers Hope and Results"
Iltefat H. Hamzavi, MD, FAAD

10:25 a.m.
President's Address
Susan C. Taylor, MD, FAAD

10:40 a.m.
Lila and Murray Gruber Memorial Cancer Research Award and Lectureship
"How Science Is Delivering Less Toxic, More Effective Merkel Cell Carcinoma Management"
Paul Nghiem, MD, PhD, FAAD

11 a.m.
President-Elect's Address
Murad Alam, MD, MSCI, MBA, FAAD

11:15 a.m.
Marion B. Sulzberger, MD, Memorial Award and Lectureship
"Anatomic Niches and Immune Convergence: Rethinking Skin Inflammation"
Johann E. Gudjonsson, MD, FAAD

11:35 a.m.
Clarence S. Livingood, MD, Memorial Award and Lectureship
"Improving Rural Access to Care: Consider the Options"
Robert T. Brodell, MD, FAAD

Check your inbox for ***DermWorld Meeting News*** and **Morning Agendas** to get daily updates on programming and more!

Inside

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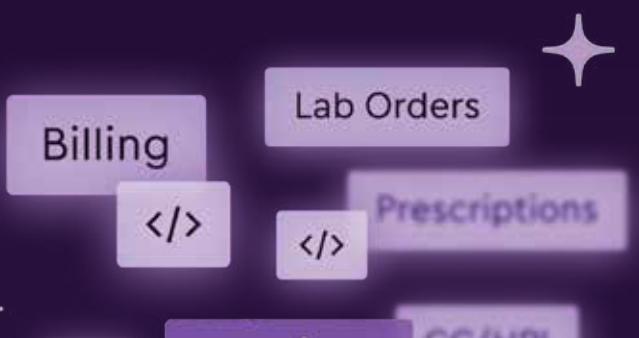
Madeleine Prieto, PA-C, TruDerm PA



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Booth #3505

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AAD

Experience the
AAD Resource Center
Booth 427

HOURS:
Sunday • 10 a.m.-3 p.m.

- **Discover your newest benefits,** including AAD Clinical Image Collection, *Dialogues in Dermatology* podcast, and AAD Clinical Community.
- **Learn about our Career Launch** tools and resources to help you transition from residency to practice, including Leadership Forum, coding, practice management, mentor/mentee opportunities, and more.
- **Post your CV on AAD Career Compass,** a specialized job board for dermatology job seekers. Look for jobs in dermatology across all specialties.
- **Get the 2026 AAD Annual Meeting On-Demand.** Access hundreds of sessions and earn CME for what you watch on-demand. Plus, get attendee discounts on-site.

A range of emotions, variables

Pigmentary disorders are a potpourri of complexities.

Pigmentary disorders represent one of the most intricate and emotionally impactful areas of dermatologic care. From diagnosis to disease management, a wide spectrum of pigmentary conditions can challenge even the most seasoned physicians.

Yesterday's session, **U028 – Pigmentary Potpourri: How to Evaluate, Diagnose, and Treat Pigmentary Conditions**, brought forward expert perspectives from two dermatologists who guided attendees through the evaluation and necessary tools to manage both common and uncommon pigmentary conditions. The session also evaluated multimodal therapeutic approaches to these varied conditions and the impact of a patient's skin type.

"Pigmentary disorders are extremely common in clinical practice and span a broad differential. These conditions can be inflammatory, genetic, infectious, medication-related, or systemic in origin and often carry significant psychosocial burden," said session presenter Nada Elbuluk, MD, MSc, FAAD, a professor of clinical dermatology at the University of Southern California in Los Angeles and president of the Skin of Color Society.

Dr. Elbuluk identified types of pigmentary conditions that dermatologists are more likely to see, including:

- **Hyperpigmentation**, e.g., melasma, post-inflammatory hyperpigmentation, lichen planus pigmentosus, erythema dyschromicum perstans, drug-induced pigmentation, ochronosis
- **Hypopigmentation**, e.g., pityriasis alba, progressive macular hypomelanosis, post-inflammatory hypopigmentation
- **Depigmentation**, e.g., vitiligo
- **Mixed dyschromias**


Dr. Vashi

Tracking with theory and tools

To effectively diagnose and distinguish between pigmentary conditions using a variety of tools, Dr. Elbuluk said to begin with an accurate diagnosis. That requires a structured approach: obtain an accurate history (e.g., onset, triggers, inflammation, medication exposures, procedures, pregnancy or hormonal factors) and define the morphology and distribution of the condition, which can involve the use of bedside tools like Wood's lamp, dermoscopy, and photography for monitoring. In select cases, Dr. Elbuluk said biopsy is required to confirm diagnosis.

"Pigmentary conditions can present in common and uncommon ways and should be approached systematically," she said. "This includes recognizing patterns, doing an appropriate diagnostic workup with the right tools, and treating the patient with a combination approach that supports disease stabilization and treatment."

The roots of pigmentary disorders represent many variables, and treatment relies heavily on knowing all the facts, said session presenter Neelam Vashi, MD, FAAD, a dermatologist with the Dermatology Institute of Boston University School of Medicine in Massachusetts.

> "Effective treatment starts with making the right diagnosis and making sure other conditions are ruled out," Dr. Vashi said.

Pigmentary disorders should be evaluated based on pattern, depth, and underlying triggers, said Dr. Vashi. Although common conditions may be driven by ultraviolet or visible light, hormonal shifts, or inflammation, rarer disorders — such as Riehl's dermatosis or exogenous ochronosis — often stem from inflammatory or contact exposures, she said. Certain dermal pigment conditions, such as nevus of Ota, require distinct management strategies from epidermal hyperpigmentation.


Dr. Elbuluk

Multimodal matters

Drs. Vashi and Elbuluk said treatment success hinges on a multimodal approach, combining several strategies tailored to the disorder's type and depth.

Dr. Elbuluk suggested a three-pillar management approach:

1. **Diligent photoprotection**, including visible-light protection
2. **Topical or systemic therapies**, selected based on condition and severity
3. **Adjunctive procedures,** such as chemical peels or lasers, that are used cautiously depending on skin type and disease stability

Dr. Elbuluk also said that reducing inflammation and minimizing triggers are often as critical as treating the pigment itself.

Similarly, Dr. Vashi emphasized long-term maintenance, careful sequencing of topical agents, and conservative use of procedural interventions to avoid worsening pigmentation.

"It is just as important to control triggers and use strict sun protection — including protection from visible light — as it is to prescribe medications. Topical lightening agents, retinoids, and barrier-repair or anti-inflammatory creams should be introduced in a thoughtful order, while procedures such as chemical peels, microneedling, or laser and light treatments should be used carefully and matched to the patient's skin type and the depth of the pigment to reduce the risk of worsening discoloration," Dr. Vashi said. "Avoiding overly aggressive treatment and focusing on consistent, long-term maintenance are key to achieving good results."

Healing a heavy heart

One important point both speakers conveyed was the emotional burden of having a pigmentary disorder. "It's not just about treating the primary pigmentary condition, it's also about stabilization of the condition, preventing flares and recurrence, and addressing quality of life," Dr. Elbuluk said. "I encourage physicians to use objective monitoring, such as standardized photos and consistent lighting when possible, and in research studies, use validated severity scales when applicable. Additionally, it is important to counsel patients early regarding timelines and triggers to improve adherence and treatment success." ●

2026 Fox Award winners announced

Congratulations to all who participated in the 2026 Resident and Fellows Symposium!

The award winners and presentations were:

Amber Loren King, MD: Sex-Associated Mutations in PIK3R1, ATRX, and SF3B1 Suggest a Genomic Basis for Differences in Melanoma Immunogenicity

Patrick McMullan, PhD: High Throughput Identification of Malignant Melanoma Using Multiplex Immunofluorescence

Jonathan Joon-Young Park, MD, PhD: Proximal T-Cell Receptor Signaling Defects in Squamous Cell Carcinoma

Henry Lim, DO: Improving the Language of Skin Color: Validation of a More Inclusive and Accurate Visual Skin Color Classification System

Marianne de Brito, BM BCh, MRCP(UK): Spatial Transcriptomics Provides New Insights into the Early Pathogenesis Steatocystoma Multiplex

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Let's get it started

Two private practice owners provide invaluable insights on how to fly solo.

If you build it, they will come. Unfortunately, building a private dermatology practice isn't as straightforward as Kevin Costner building a backyard baseball field for legendary ghosts.

Fortunately, Suzanne McGoey, MD, MsPH, FAAD, and Manasi Kadam Ladrigan, MD, FAAD, led Friday's session, **U025 – Starting a Private Practice 101**, to help fill in the gaps and provide valuable personal experience.

At the beginning

Dr. McGoey, founder and owner of McGoey Dermatology in Sheboygan, Wisconsin, said step one is deciding if — and why — you want to be your own employer and the primary decision-maker.

"You already have all the dermatology training to do the clinical medicine, but starting your own practice is an exciting way to be a leader in the business and administrative side," she said.

Dr. Ladrigan agreed, saying dermatologists shouldn't start down the path until they answer THE question — or questions.

"Sit down and write a concrete list of what you don't like about being employed by someone else. Be specific," said Dr. Ladrigan, who is founder and CEO of Comprehensive Dermatology of Rochester, New York. "Is it a loss of schedule control, pressure around productivity metrics, limited input in staffing decisions, misalignment in values, lack of flexibility?"

Once you have clear, candid answers, you have a blueprint, she said. All the other details and logistics, like financing, credentialing, and finding an office, can be learned and worked out. Dr. Ladrigan also shared her belief that establishing an independent practice can be done at any point of a dermatologist's career, but that doesn't mean it is the right decision for everyone.

"Earlier in your career, you may need more upfront capital or a loan. You may feel less certain about the business side, and that is normal. What you often have instead is energy, flexibility, and a long runway to grow," Dr. Ladrigan said. "Later in your career, you may bring deeper clinical confidence and clearer insight into what truly matters in a practice. You are more likely to know what you value, what you want to avoid, and how you want your days to feel."

Essential elements

There are specific requirements physicians must complete to set up their new clinic, the panelists said. According to Dr. McGoey, these are:

- **Finalizing practice basics**, including practice name, legal entity, office space, phone number, digital profile, and EIN.
- **Reviewing finance needs and options**, then creating a business plan.
- **Determining clinical operations**, specifically what you'll need for staffing, equipment, and technology.
- **Setting up billing processes**, such as payer contracts, credentials, fee schedules, revenue management, and standards for denials, appeals, and collections.
- **Developing an organizational structure**, which comprises searching for and hiring employees as well as defining office policies and workflows.
- **Protecting your business** with various insurance and liability policies, regulatory compliances, and personal and employee benefits.

"While every clinic is different, we're aiming to help dermatologists assess the feasibility of a start-up private practice in the current economic and health system climate," Dr. McGoey said.

"Again and again, in every version of this reality, I would open my practice. It has given me pride, purpose, and flexibility that no employer could offer."

– Manasi Kadam Ladrigan, MD, FAAD

Suzanne McGoey, MD, MsPH, FAAD

Additional considerations

Although many business factors are obvious or quickly become apparent, Dr. Ladrigan said seasoned practice owners can provide beneficial resources or tips on what to do and what not to do. She suggested finding a mentor or small network to guide the process and offer support if obstacles arise.

Dr. Ladrigan called attention to several suggestions she has found to be helpful. For example: "Create an SOP for everything," she said. "If it happens more than once, it should be documented. SOPs reduce decision fatigue, improve onboarding, and protect you."

Artificial intelligence can be a great tool to help formulate operating procedures, Dr. Ladrigan said. Other tips include:

- **Retirement:** Start saving early and make it automatic.
- **Boundaries:** These may evolve depending on life stage but are nonnegotiable. She cautioned physicians not to make exceptions, even small ones, as they can be slippery slopes.
- **Office space:** Start with what you need; it's financially better to add more space than take it away or have it sit unused. Exam room doors should open to hide the patient in case nurses or assistants need to enter or exit mid-exam. Try to have natural light with windows or frosted glass.

"Install a generator," Dr. Ladrigan said. "For roughly the cost of one day of revenue, you can protect procedures, stored medications, and your schedule during outages. It pays for itself in one avoided cancellation day."

Final words of wisdom

The biggest piece of advice the speakers shared was to be brave and not let fear or risk of mistakes stand in the way.

"When we are younger, someone is always encouraging us to take the next step — move up a grade, try a more advanced class, pursue an unexpected interest, apply to residency. We are pushed forward and supported in stretching ourselves," Dr. Ladrigan said.

However, the pursuit to start a practice can carry stigma, she said, with ownership reframed as a risky investment instead of a growth opportunity. She and Dr. McGoey encouraged dermatologists to wonder what their own practice would look like and take the leap if it's right and they're ready.

"Too often, the fear of imperfection prevents people from getting started at all. Remember that most business mistakes are fixable. There is time to learn, adjust, and improve as you go," Dr. McGoey said. "You've already done the hardest part — becoming a board-certified dermatologist." ●

#YourDermatologistKnows

Attendees flocked to the **AAD Resource Center** (Booth 427) to celebrate **Your Dermatologist Knows** — posing for photos to post on social media using **#AAD2026**. Stop by today before 3 p.m. to snap a pic and snag some swag!

Did you miss out on a product sample in the Exhibit Hall?

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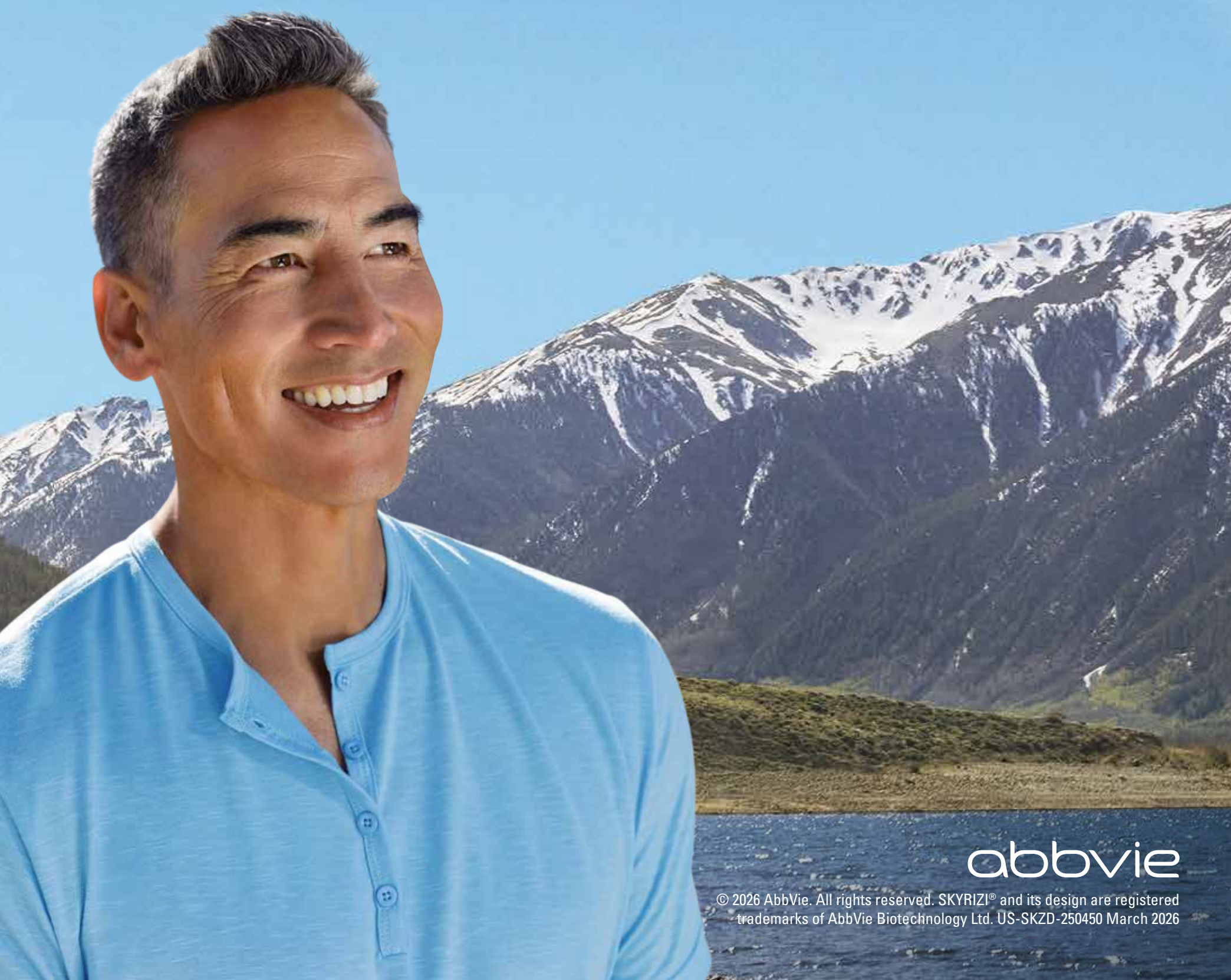

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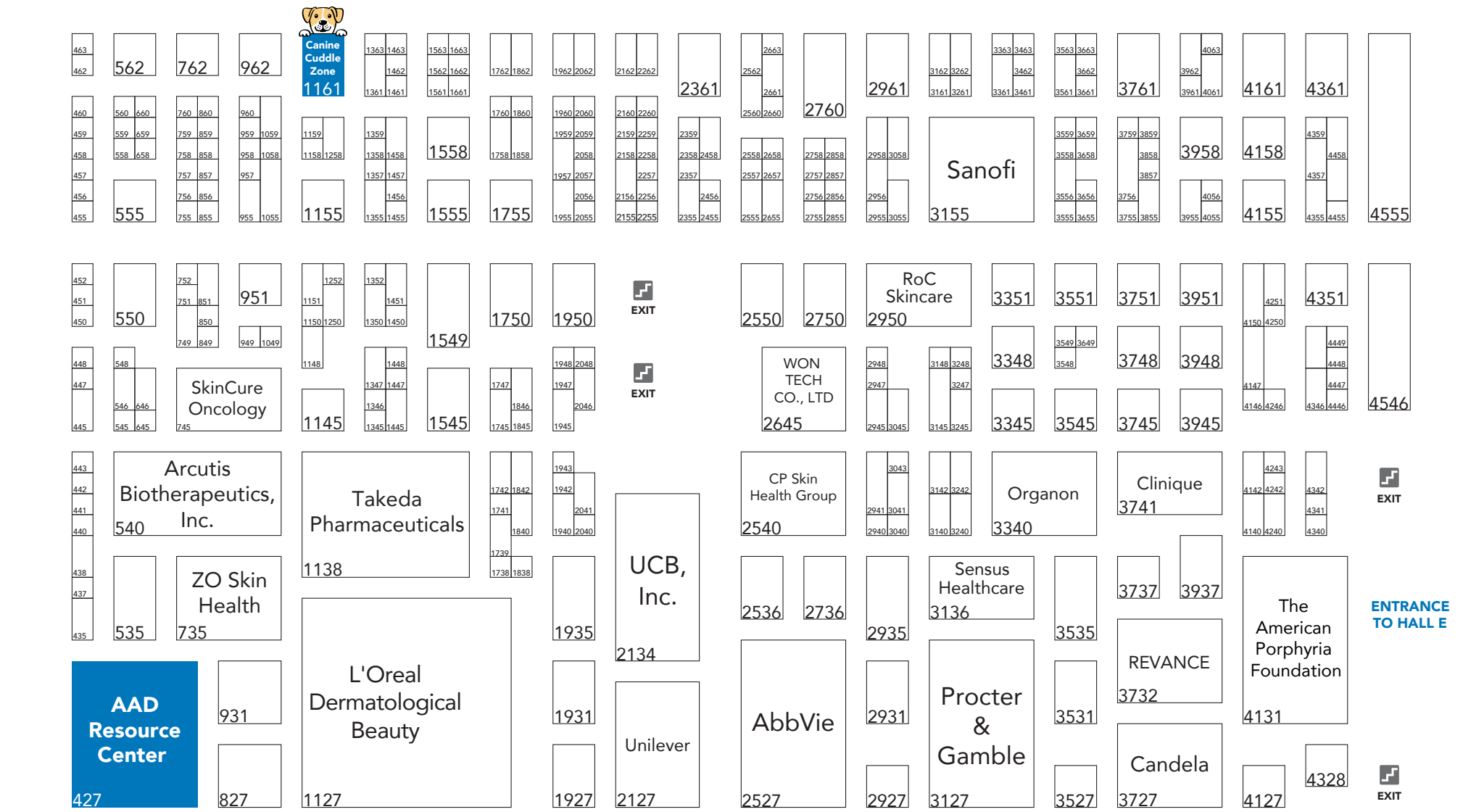
Exhibitors and Exhibit Hall Map

Exhibit Hall hours:
10 a.m.-5 p.m. | Saturday, March 27-28
10 a.m.-3 p.m. | Sunday, March 29

Data current as of Feb. 23, 2026. Please use the AAD Meeting app at **aad.org/mobile** for the most up-to-date exhibitor list.

see **EXHIBITOR LISTING** page 10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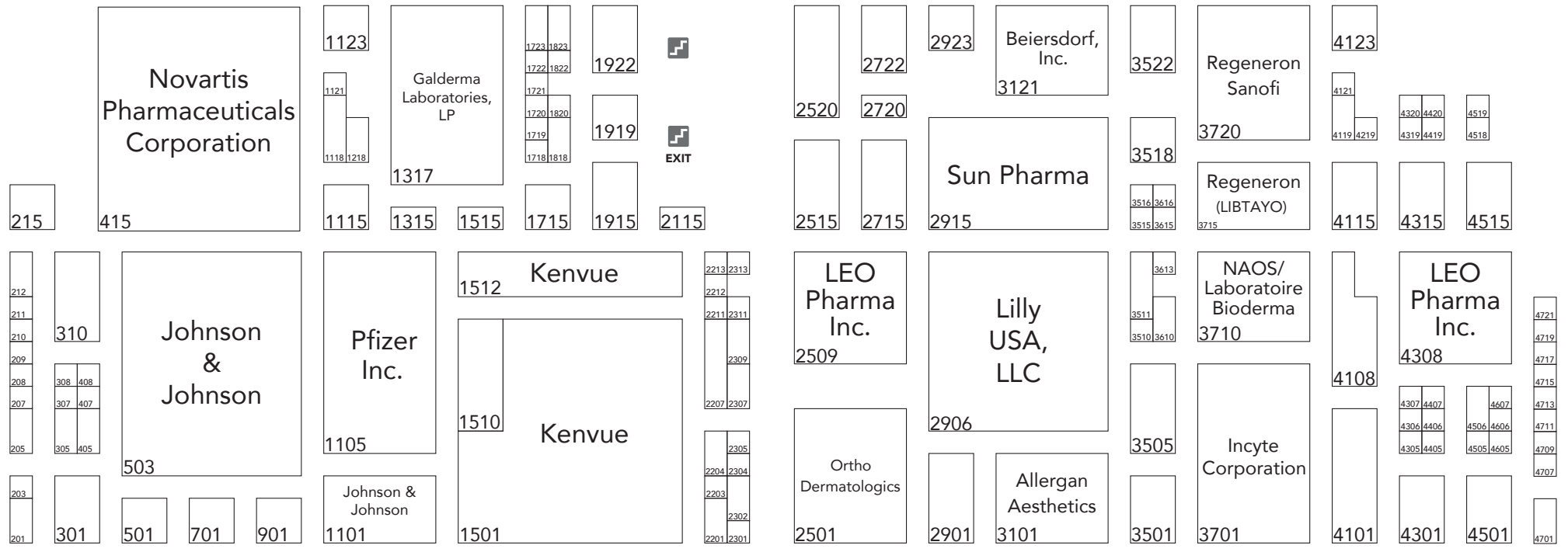
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AAD Exhibitor Space Selection
AAD Exhibitor Product Theater 1
Registration
AAD Exhibitor Product Theater 2

EXHIBITOR LISTING

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Missed but not forgotten

Diagnostic pitfalls and practical treatment pearls in routine clinical practice.

Robert T. Brodell, MD, FAAD

Salma Faghri de la Feld, MD, FAAD

S064 – Therapeutic and Diagnostic Pearls
8-10 a.m. | Tuesday, March 31
Four Seasons 1

In Tuesday's session, **S064 – Therapeutic and Diagnostic Pearls**, peer-reviewed literature and personal experience will intersect as dermatologists explore practical lessons, unexpected diagnoses, and accessible treatment strategies for everyday dermatologic challenges, including contact dermatitis, pediatric dermatology, dermatologic surgery, medical dermatology, and skin of color.

Among the deep dives at the session are two medical dermatology topics: commonly misdiagnosed scaling patches of the scalp in older adults and a simple, low-cost method for treating xanthelasma and sebaceous hyperplasia using dichloroacetic acid (DCA). Session presenter Robert T. Brodell, MD, FAAD, a professor of dermatology at the University of Mississippi Medical Center in Jackson, will lead the discussion for both, which he said is rooted in real-world misses and realistic solutions.

"My inspiration for the first topic came from personal experience — specifically, cases in which I initially misdiagnosed elderly patients with persistent scalp scaling," Dr. Brodell said. "We think about seborrheic dermatitis, psoriasis, maybe allergic contact dermatitis. What we don't often think about is tinea capitis in older patients."

Lessons learned

Although tinea capitis is commonly considered a childhood condition, Dr. Brodell emphasized that overlooking it in adults, especially seniors, can delay proper treatment. He recounted his misdiagnosis in which a biopsy unexpectedly confirmed a fungal infection that a simple in-office potassium hydroxide (KOH) test could have revealed earlier.

His presentation will walk dermatologists through clinical reasoning, biopsy clues, and reminders to maintain a broader differential diagnosis — particularly when standard treatments fail. He will also spotlight an underutilized treatment method: the application of dichloroacetic acid (DCA) for xanthelasma and sebaceous hyperplasia.

"I'm not a cosmetic dermatologist," Dr. Brodell said, "but DCA is something any dermatology practice can use. It's simple, quick, inexpensive, and gets uniformly good results."

Dr. Brodell cautioned, however, that physicians must be mindful of skin type. Patients with Fitzpatrick types IV and V may experience long-lasting, post inflammatory dyspigmentation, making DCA a poor choice for darker skin tones. He advises starting with one or two lesions to understand healing patterns before treating multiple areas.

Finally, Dr. Brodell will discuss another topic he said all dermatologists should be aware of: supporting the Rural Access to Dermatology (RAD) Society, an initiative aimed at improving care in underserved regions across the United States.

"Whether you live in the city or the country, there are ways you can help raise the level of care for everyone," he said.

Is it contact dermatitis or …?

Salma Faghri de la Feld, MD, FAAD, an associate professor of dermatology at Emory University School of Medicine in Atlanta, will review misdiagnosis of allergic contact dermatitis (ACD). She said her primary goal is to help dermatologists feel more confident recognizing and managing this often misunderstood condition.

Dr. de la Feld will offer diagnostic pearls, common clinical pitfalls, and real world management strategies, particularly those relevant to today's increasingly complex therapeutic landscape, that can guide colleagues in differentiating ACD from other skin disorders.

"One of the core challenges with allergic contact dermatitis is that it can mimic other skin conditions," she said. "Rashes often overlap with disorders such as atopic dermatitis or psoriasis, and sometimes patients have more than one process occurring simultaneously."

In cases of uncertainty, she said to consider the following clues:

- New or worsening rashes in patients with known atopic dermatitis
- Persistent facial dermatitis in patients on dupilumab
- New eczematous rashes in patients previously diagnosed with psoriasis and undergoing biologic therapy

"All three of those scenarios could point to allergic contact dermatitis," she said. "This is how easily ACD can be overlooked without a high index of suspicion."

Although dermatologists may be accustomed to rapid advances in therapeutics for conditions such as psoriasis or eczema, Dr. de la Feld said the cornerstone of treatment for allergic contact dermatitis is allergen avoidance.

Effective avoidance requires patient education, said Dr. de la Feld, who will supply tips on how to counsel patients on avoiding common allergens, including preservatives (such as isothiazolinones) and fragrances. She will also review the 2026 Contact Allergen of the Year and provide patient resources, including the use of tools such as the American Contact Dermatitis Society's free ACDS CAMP app, which helps patients navigate safe product recommendations after patch testing.

And more!

The jam-packed session will also explore how systemic immunosuppressive therapies affect patch testing. With the surge in biologics and JAK inhibitors for inflammatory skin disease, Dr. de la Feld said dermatologists frequently wonder whether these medications must be stopped before testing. She will outline practical guidance for:

- When patch testing can still be performed
- When systemic therapies interfere with results
- How to approach referrals and follow-up

"It can be overwhelming for physicians who don't think about allergens every day," Dr. de la Feld said. "I want them to feel comfortable handling these patients when they return after patch testing."

The session will also include presentations from Andrew F. Alexis, MD, MPH, FAAD, Jerry D. Brewer, MD, MS, FAAD, and Thy Nhat Huynh, MD, FAAD. ●

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HAPPENING TODAY

What's new — and next — in pediatric dermatology?


Lawrence F. Eichenfield, MD, FAAD


Amy S. Paller, MD, FAAD


Heather Gochnauer, MD, FAAD


Dawn Eichenfield, MD, PhD, FAAD


Andrea L. Zaenglein, MD, FAAD

S040 – Hot Topics in Pediatric Dermatology
1-4 p.m. | Sunday, March 29
Mile High 4A

Pediatric dermatology is evolving at a rapid pace, with a deeper understanding of inflammatory pathways, more therapeutic options, and growing attention to rare genetic and systemic conditions. For physicians caring for children and adolescents, staying current means balancing innovation with practical, patient-centered care.

Those themes will anchor today's session, **S040 – Hot Topics in Pediatric Dermatology.**

"There is so much happening in the world of pediatric dermatology, and our symposium will show the 'hot changes' in our knowledge and our evolving therapies for both common and rare conditions," said session director Lawrence F. Eichenfield, MD, FAAD, who is chief of pediatric and adolescent dermatology at Rady Children's Hospital in San Diego.

Among the major areas of change is pediatric psoriasis, where treatment options have expanded considerably in recent years. Physicians should take a proactive, individualized approach, said Dr. Eichenfield.

"Some patients will need short periods of intensive therapy, and others will require sustained control over many years," he said.

Dr. Eichenfield emphasized that several newer therapeutic options are available to treat children and adolescents, including new topical medications, biologic agents, and a recently approved oral peptide that targets cytokines in a manner similar to biologics.

"Expanded treatment options allow physicians to move beyond the rigidity of a stepwise approach in managing psoriasis to a more patient-centered method that can utilize topical or systemic agents in accordance to disease presentation, severity, and extent, and the life experience of the patient and family," he said.

Advances are reshaping care for rare genetic disorders, such as epidermolysis bullosa (EB). Amy S. Paller, MD, FAAD, said patients and caregivers are seeing unprecedented progress.

"There is great excitement among families with EB, and especially with dystrophic EB, that there are now three FDA-approved medications for treating disease," said Dr. Paller, who is chair of dermatology and a professor of pediatrics at Northwestern University's Feinberg School of Medicine in Chicago.

The availability of gene-corrected skin for grafting, Dr. Paller said, presents "an opportunity for the first time for cure at the grafted areas, and that is very exciting for patients." She did acknowledge, however, the complexity and cost of such interventions.

Systemic awareness is also critical in pediatric rheum-derm conditions, said Heather Gochnauer, MD, FAAD, who is an assistant professor of pediatric dermatology at UC San Diego School of Medicine in California. She encourages dermatologists to look beyond the skin.

"If one of my teenagers with a rash is also having trouble raising her arm to do her hair, that should raise suspicion for a systemic condition," Dr. Gochnauer said.

"One of my favorite things about pediatric subspecialties is that we are all friends," Dr. Gochnauer added. "Caring for patients with rheum-derm conditions is truly a team effort. Pediatric dermatologists work collaboratively with rheumatologists, physical therapists, and social workers to care holistically for patients."

Management strategies are also evolving for common pediatric inflammatory conditions, where physicians are increasingly moving toward individualized care models, said Dawn Eichenfield, MD, PhD, FAAD, an assistant clinical professor of dermatology at the UC San Diego School of Medicine.

"Management of pediatric inflammatory skin diseases — from atopic dermatitis to acne — has shifted from a uniform, stepwise approach to a more personalized, age- and severity-based strategy," Dr. Eichenfield said. "Physicians increasingly recognize biologic and clinical heterogeneity, with differences in immune pathways, skin barrier function, hormonal influences, and psychosocial impact across developmental stages."

Finally, staying current with the literature remains essential. Andrea L. Zaenglein, MD, FAAD, said that the journal *Pediatric Dermatology* reflects the breadth of the specialty. Dr. Zaenglein is a professor of dermatology and pediatrics at Penn State College of Medicine in Hershey, Pennsylvania.

"Our journal publishes across this spectrum, answering the questions that matter most to our specialty and our patients," Dr. Zaenglein said, noting that the session will highlight research that guides both common and rare disease management. ●

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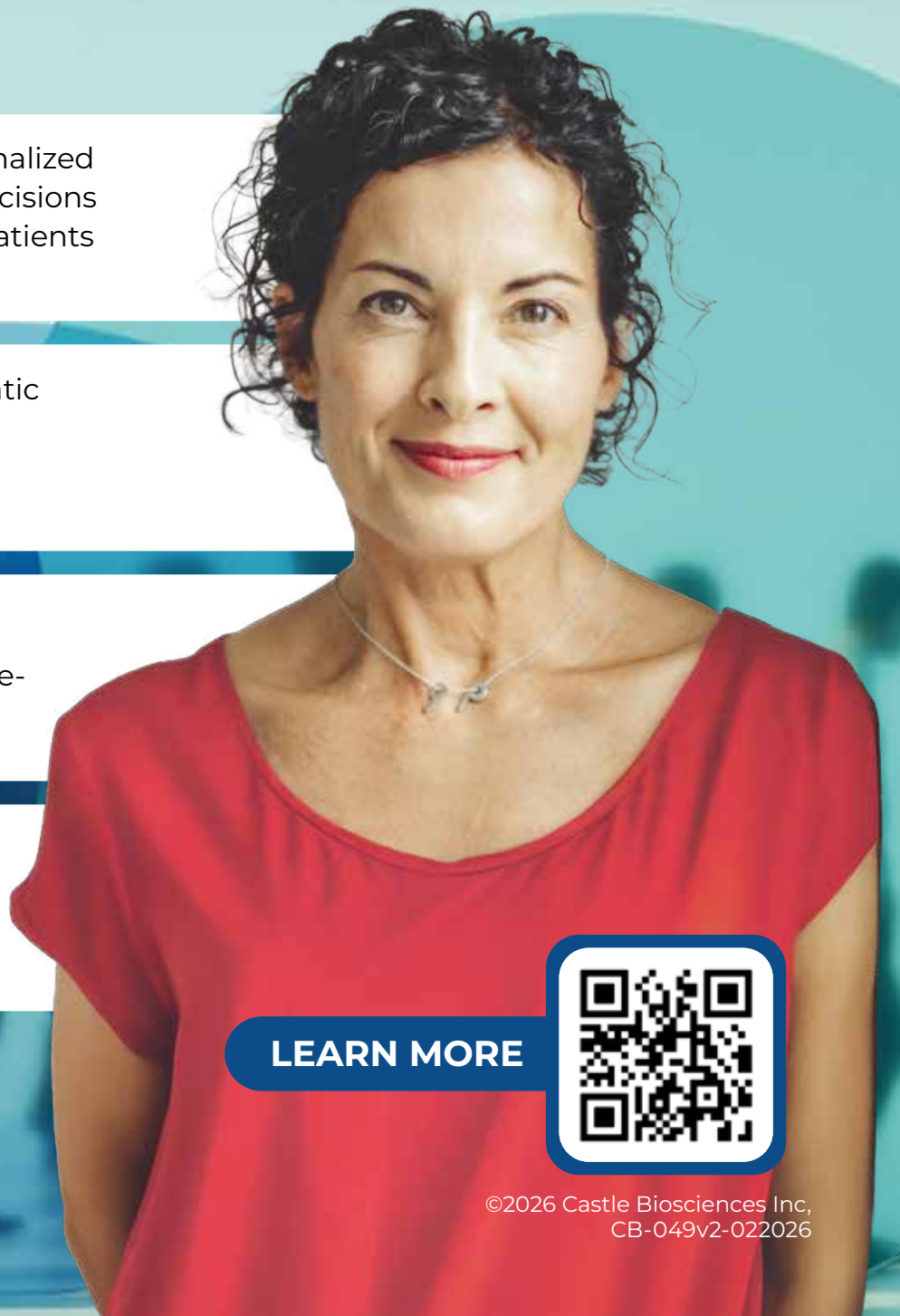

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HAPPENING TODAY

Nailing the skills

Fundamental techniques and procedures that can build expertise in nail procedures.

F053 – Nail Surgery: The Small Procedures to the Nail Apparatus That Frighten You
1-3 p.m. | Sunday, March 29
Room 301

It's all about the basics when boosting clinician confidence and competency in nail pathology, an area often overlooked despite its complexity and frequency in outpatient dermatology settings.

Even simple nail pathology diagnoses and treatments, from administering nail anesthesia to bed and matrix biopsies, can undermine the self-assurance dermatologists display in other areas if a physician has limited expertise. Building back confidence in nail surgery is the aim of Sunday's session, **F053 – Nail Surgery: The Small Procedures to the Nail Apparatus That Frighten You.**

Through emphasizing foundational surgical approaches, pain management strategies, and techniques for preventing complications, the session will bring together a panel of dermatologists who all suggest the same tip: Lean into your early training.

"Confidence in procedures, as with so much of medicine (and life), revolves around repetition," said Kendall Billick, MD, FAAD, an assistant dermatology professor at the University of Toronto in Canada. "If there is interest in helping this neglected group of patients, then see them, take care of them! This repetition, along with educational sessions such as ours and the Hands-On: Nail Surgery sessions, are invaluable."

Step up and lean in

Dr. Billick reminds colleagues that knowing the correct surgical approach to treatment begins with an accurate differential diagnosis. This takes knowledge, experience, and a special interest in onychology, which then informs the necessary surgery, he said. The right surgical approach also depends on the resources available to the surgeon.

"Is there a pathologist available and interested in nail specimens? If so, are they more comfortable with some specimens more than others, such as excisions and Mohs?" Dr. Billick asked.

Panelist Nathaniel J. Jellinek, MD, FAAD, echoes that sentiment. Dr. Jellinek, an assistant clinical professor of dermatology at Brown University's Warren Alpert Medical School in Providence, Rhode Island, emphasized that successful nail surgery begins with a strong understanding of nail anatomy and pathology. Determining the correct surgical approach depends heavily on recognizing disease presentation and knowing which structures require sampling.

"For example, longitudinal melanonychia is almost always diagnosed by biopsy of the nail matrix, whereas longitudinal erythronychia depends on both matrix and bed sampling," Dr. Jellinek said. "Confidence is based, therefore, on comprehensive understanding of nail anatomy and physiology as well as comfort with a variety of procedures, nail anesthesia, dressings, wound care, etc."


Kendall Billick, MD, FAAD


Nathaniel J. Jellinek, MD, FAAD


Bertrand Richert, MD, PhD, IFAAD


Nilton Gioia Di Chiacchio, MD, PhD

Tips for success

Building confidence comes from performing common outpatient nail procedures, Dr. Billick said, including:

- Drainage of subungual collections of fungus in nail infections or draining blood after an acute injury causing subungual bleeding
- Excision of a matrix of longitudinal melanonychia to diagnose melanoma
- Excision of a total nail unit to treat nail malignancies, such as melanoma, with possible skin graft afterward
- Chemical matricectomy for ingrown toenails
- Cryosurgery for certain forms of myxoid pseudocyst
- Lateral longitudinal excision to diagnose Bowen/SCC
- Bleomycin treatment for periungual warts

Even the skills physicians develop from performing day-to-day dermatologic procedures can build experience and confidence in nail procedures, said Dr. Jellinek.

"There is significant overlap with more routine dermatology procedures, including tangential (shave) and punch techniques," Dr. Jellinek said. "However, the approach, access, exposure, anesthesia, wound care, and dressings are all modified and unique to the nail apparatus."

Risk reduction

Equally important is knowing the potential risks of surgery and how to manage them, said session speaker Bertrand Richert, MD, PhD, IFAAD, a professor of dermatology at Université Libre de Bruxelles in Belgium.

"It is essential to prevent complications by knowing the patient's medical history, current treatments, and sensitivity to pain, just as one would do in skin surgery," Dr. Richert said. "The most common complications are those observed in skin surgery: hemorrhage, infection, necrosis, implantation cysts, etc. There are a few complications specific to the nail apparatus: lateral deviation, spicules, anterior ingrowth, etc. These can be avoided with a good knowledge of surgical techniques and postoperative follow-up for at least six months."

Dr. Jellinek offered additional care tips.

"Elevation and immobilization are critical aspects to prevent pain," he said. "In addition, the use of long-acting anesthetics and education on wound care/pain control can maximize tolerability after nail procedures."

Similarly, Dr. Billick underscored the importance of acquiring an accurate patient history, including whether they take blood thinners or anti-platelet drugs, use herbal/alternative medicines and supplements (all these can impact bleeding risk), and whether they smoke or vape, which impacts healing and infection risk.

Find out if the patient will likely follow wound care instructions and attend follow-up visits, Dr. Billick said, and remember to get a signed, informed consent prior to surgery "to set expectations and minimize miscommunication."

Patient sensitivity

Finally, instilling confidence in your patient is also important, said session speaker Nilton Gioia Di Chiacchio, MD, PhD, a dermatologist at Hospital do Servidor Público Municipal de São Paulo in Brazil. Nail surgery can be a frightening experience for both children and adults. One of the keys to keeping the patient calm is pain management.

"The knowledge of pain management before, during, and after a nail surgery — along with the principles of wound care — will give us not only credibility in front of our patients but reduce postoperative complications and make the healing time less stressful for patients," he said. "Additionally, make sure to create a calm and relaxing atmosphere before nail surgery and avoid triggers that can cause pain. Ensure the correct anesthesia for each type of nail surgery and explain to the patient how to deal with the wound, depending on the type of surgery."

The session will also include speaker Julia O'Brien Baltz, MD, FAAD. ●

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See what today's post will be and participate each day to increase your chances of winning BIG!

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