## Surgical marking pen improving nail pitting visualization



Cristina Diniz Borges Figueira de Mello, MD, <sup>a</sup> Nilton Gioia Di Chiacchio, MD, PhD, <sup>b,c</sup> and Nilton Di Chiacchio, MD, PhD<sup>c</sup>

Campinas, São André, and São Paulo, Brazil

## **CLINICAL CHALLENGE**

Pits are small punctate depressions of the nail plate surface, resulting from detachment of parakeratotic cells because of a focal keratinization defect of the proximal matrix. Nail pitting is observed in psoriasis, alopecia areata, and eczematous dermatitis, among other conditions. Pits in alopecia areata are smaller and more regular in size and are distributed along the nail plate in a so-called geometric pattern, compared with the broad, irregular pits in psoriasis. Although the diagnosis and also the pattern of nail pitting are determined clinically, the small depressions might be subtle on clinical examination and sometimes are not clearly visualized, even under magnification (Figs 1, A, and 2, A). Often it can also be difficult to obtain effective nail photographs, hindering the monitoring of therapeutic improvement. A better visualization of nail pitting size and its distribution may help the diagnosis of a specific disease, especially in cases in which it is the only sign, and may aid in the calculation of nail disease severity scores such as the nail psoriasis severity index.

## **SOLUTION**

For better visualization of nail pits, we paint the nail plate with a surgical marking pen or permanent marker (Fig 1, B) and then wipe it off with a 70% isopropyl alcohol pad (Fig 1, C). Most of the ink can be easily removed from the nail surface, whereas it remains inside the punctate depressions, enhancing nail pitting visualization (Figs 1, D, and 2, B). The remaining paint inside the pits can be easily removed with nail polish remover.

From the Discipline of Dermatology, Department of Internal Medicine, Medical School of Sciences, Campinas State University—UNICAMP, Campinas<sup>a</sup>; Discipline of Dermatology, Faculdade de Medicina do ABC, São André<sup>b</sup>; and the Dermatology Department, Hospital do Servidor Público Municipal de São Paulo.<sup>c</sup>

Funding sources: None. Conflicts of interest: None disclosed. Reprints not available from the authors. Correspondence to: Cristina Diniz Borges Figueira de Mello, MD, Campinas State University—UNICAMP, Rua Vital Brasil 251, Cidade Universitária—Zeferino Vaz, Campinas, Brazil 13083-888. E-mail: dracristinafigueira@hotmail.com.

J Am Acad Dermatol 2020;83:e99-101. 0190-9622/\$36.00

© 2019 by the American Academy of Dermatology, Inc. https://doi.org/10.1016/j.jaad.2019.11.063



Fig 1. Nail psoriasis. A, Nail pitting not clearly visualized on clinical examination. B, After the nail plate is painted with a surgical marking pen. C, The ink is wiped off with 70% isopropyl alcohol. **D**, Ink retained inside the punctate depressions, enhancing nail pitting visualization.

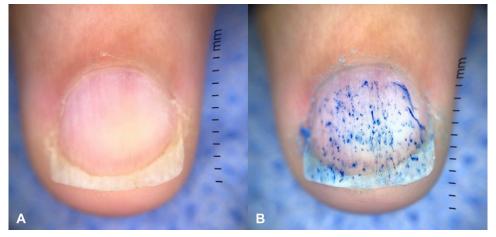


Fig 2. Nail psoriasis. A, Dry dermoscopy of the case shown in Fig 1. B, Before ink removal. Note improvement of nail pitting visualization. (DermLite DL4 stain; original magnification: ×10 [DermLite, 3Gen Inc, San Juan Capistrano, CA].)

## REFERENCES

- 1. Jiaravuthisan MM, Sasseville D, Vender RB, Murphy F, Muhn CY. Psoriasis of the nail: anatomy, pathology, clinical presentation, and a review of the literature on therapy. J Am Acad Dermatol. 2007;57(1):1-27.
- 2. Piraccini BM, Holzberg M, Pasch M, Rigopoulos D. Dermatological disorders. In: Baran R, de Berker D, Holzberg M, Thomas L, eds. Baran & Dawber's Diseases of the Nails and Their Management. 5th ed. Hoboken: Wiley-Blackwell; 2019:436.