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Rashmi TM: Approval of the final version of the manuscript; drafting and editing of the manuscript.

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Conflicts of interest

None declared.

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On the History of dermatology: the study of skin diseases over the centuries - Response to the observations and comments by Mirzaei MR et al. and Rashmi TM et al^{☆☆}



Dear editor,

We are grateful for the comments of “Earliest details of Dermatology by Ayurveda”¹ on our publication “History of dermatology: the study of skin diseases over the centuries”². The information provided by the letter is interesting and complementary in one aspect, which demonstrates the rich history of dermatology throughout the centuries and in the most varied regions of the world.

Similarly, we are grateful for the comments by Mirzaei MR et al.³ regarding our publication. The information provided is correct and is an addition to the published information. The history of Dermatology is complex, very rich and there are always very important data to be informed.

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Authors' contributions

Iago Gonçalves Ferreira: Conception and/or design of the study; literature review and article selection; content analysis; results analysis; preliminary review and final drafting.

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^{☆☆} Study conducted at the Service of Dermatology, Santa Casa de Misericórdia de Porto Alegre and Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSA), Porto Alegre, RS, Brazil.

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Considerations on the development of surgical techniques for the treatment of onychocryptosis^{☆☆}



Dear Editor,

As onychocryptosis is a frequent demand in dermatological assistance, and its surgical management requires both specific training and indication criteria, we read with interest the article by Ma,¹ which aimed to describe a new surgical approach for onychocryptosis.

Currently, there is no consensus, nor a body of evidence on the specific differences of the several surgical techniques for onychocryptosis, or on their comparison in terms of effectiveness, morbidity, infection, cost-effectiveness and technical difficulty. Therefore, the development of new methods is of scientific relevance and should be critically appreciated considering the described surgeries, especially regarding the technical differences and recurrence rates after 12 months.

Despite the interesting results presented by Dr. Ma, the proposed surgical technique sequence is very similar to the classic matricectomy described by Winograd (1929),² which has undergone several adaptations over the years.^{3,4} More-

over, although low, there is an expected recurrence rate of approximately 6% in virtually all studies that used the Winograd method or its variants.⁴ As this is a similar surgical approach, the result shown by Ma, who found no recurrence in 67 surgeries (with a follow-up of 6 to 12 months), may not represent a difference in relation to the expected rate of 6% ($p = 0.119$ – Fisher Exact test) due to modest sample size. However, it can also be due to the small percentage of cases with grade I onychocryptosis, which usually do not show recurrence and whose frequency was not discriminated by the author.

Table 1 depicts the main technical characteristics of the Winograd method and its main variants, its recurrence rates, in addition to chemical matricectomy with 88% phenol and 80% trichloroacetic acid, for comparison.⁵

Surgical techniques for the treatment of onychocryptosis require careful systematization of the operative sequences and approach to the matrix, as well as the precise indication according to tissue hyperplasia, nail plate situation and pyogenic granuloma. Only the comparative analysis of the performance of the techniques, stratified according to the indications, can lead to criticism, aiming to maximize the performance of the procedures.

Due to the peculiar anatomy of the nail apparatus, surgical approaches to onychosis require specialized training by the dermatologist. However, despite the high prevalence of onychocryptosis and impact on quality of life, there is a lack of well-conducted comparative clinical trials that favor the personalization of indications. Moreover, it is crucial to review the previously described surgical techniques, both for their historical and scientific value, when one proposes the standardization of a new surgical technique.

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