The Official Newsletter of the Council for Nail Disorders

Message from the President

Submitted by Beth Ruben, MD

I am honored to serve as the President for the Council of Nail Disorders and to follow in the footsteps of Dr. Aditya Gupta. We have benefitted from his leadership and knowledge and fortunately for us, he has agreed to continue as editor of the newsletter.

For the past 4 Annual Meetings of the Council for Nail Disorders (CND), Dr. C. Ralph Daniel has chaired the scientific program. During that time, he has covered the topics in a manner that crossed clinical and research topics, basic and advanced, geography and disciplines. This year he again prepared an outstanding program with his co-chair, Dr. Patricia Chang (Guatemala). Meeting attendance was just shy of 100, which means our attendance has been increasing steadily and in fact has doubled over the last 10 years.

In 2011 we introduced the Scher/Baran Award for the best oral presentation by a resident and in 2012 we tripled the number of applicants who all gave outstanding pres-

Photos from the 16th Annual Meeting

Dr. Aditya Gupta (top and center), CND President, welcomes attendees. Dr. C. Ralph Daniel (Center, bottom) chaired the meeting. Dr. Boni Elewski (bottom and right), one of the honored keynote speakers.
President’s Message

Submitted by Beth Ruben, MD

Presentations. Dr. Stacy Chimento of the University of Miami won the 2013 Award with her presentation on “Reflectance Confocal Microscopy: A Promising Non-Invasive Method for the Examination of the Normal Nail Plate Anatomy and Superficial Disorders.”

The 2013 Annual Meeting will be held in Miami Beach, Florida on February 28 with Dr. Richard Scher and Dr. Phoebe Rich co-chairing the meeting.

The CND Board of Trustees met in San Diego following the meeting and set several goals for 2012 including updating the patient education pamphlets, adding a Lifetime Member category to the membership (details inside the newsletter) and developing a Nail Course separate from the CND Annual Meeting.

As always, your suggestions are welcome on new programs and products that CND can provide to its membership.

Finally, I would like to thank our corporate supporters including:

- Cutera
- Cynosure
- Medimetrics
- Topica

New Membership Category

At the March 2012 Board of Trustees Meeting, the board agreed to add the category of “Lifetime Member”.

There are two sets of qualifiers for the Lifetime Membership category:

1. Member of the Council for 20 years and over the age of 72. There is no fee for the change of status to Lifetime. Members must request this change in writing and be approved by the Board of Trustees.

2. Members in good-standing who are over the age of 55 may pay a one-time Lifetime Membership fee of $1500. This fee includes meeting registration.

Further information will be sent with your membership renewal forms.

Photos from the 16th Annual Meeting.
Nail Tips

Submitted by Aditya Gupta, MD

Update on Nail Diagnosis Techniques

Several new devices and techniques are being studied for use in identifying nail disorders. Characteristics of normal nails are being investigated non-invasively using confocal laser scanning microscopy and optical coherence tomography, with the ultimate goal of providing data which may be usefully contrasted with pathological nails. Other preliminary investigations show that microscopy using synchrotron radiation may allow for high-resolution imaging of nails and invasive fungi without any staining treatment, while laser-induced breakdown spectroscopy has detected differences in spectral intensity distribution of calcium, sodium and potassium between normal and pathological nails. It remains to be seen if these techniques can be developed to improve nail diagnosis. In the meantime, dermoscopy is being widely utilized for diagnosis of skin conditions, and recent publications indicate there may be useful applications for onychomycosis and longitudinal melanonychia (LM).

Clinically, distal subungual onychomycosis (DSO) may present with similar appearance to traumatic onycholysis (TO), requiring KOH/culture exam to confirm diagnosis. Videodermoscopy was performed to look for characteristics which would differentiate DSO from non-fungal TO. Three particular dermoscopic presentations were identified for investigation: ‘jagged edge with spikes’ – the proximal margin of onycholytic area had jagged edge, with sharp longitudinal whitish indentations directed to the proximal nail fold; ‘longitudinal striae’ – different colors of striae of the onycholytic nail plate; and ‘linear edge’ – the proximal margin of the onycholytic area was regular, without indentations. Of 37 mycologically-confirmed cases of DSO, ‘jagged edge’ was present in all 37 cases, and 0 cases of TO. Similarly, ‘longitudinal striae’ was present in 32 of 37 cases of DSO, and no cases of TO. The ‘linear edge’ presentation was found in all 13 cases of TO, and 0 of 37 cases of DSO. Where DSO is suspected based on the dermoscopy observation, a culture is still required to confirm infecting organism and initiate therapy. However, the high degree of specificity of the ‘linear edge’ presentation for TO shows dermoscopy may provide an effective method to rule out DSO, avoiding the culturing process and associated delays with treatment provision.

Dermoscopy of nails is also being used as a non-invasive diagnostic tool in longitudinal melanonychia (LM). Nail matrix melanoma is characterized in dermoscopy by a brown band containing irregular longitudinal lines of different color and thickness with loss of parallelism. However, a recent study identifying in situ nail matrix melanoma reported insufficient improvement of diagnostic accuracy with use of dermoscopy. Dermoscopy does not provide direct analysis of the nail matrix where pigment bands originate, which may complicate diagnosis. Intraoperative dermoscopy (ID) is performed directly on the nail matrix and nail bed after nail plate avulsion, which increases visualization of the pigmentation. ID is an invasive method being used by surgeons that allows better visualization of the margins of lesions during excision, without direct contact of the lesion and without need of immersion fluids so evaluation remains aseptic. ID identification of pigmentation patterns showed a greater specificity than regular dermoscopy for differential diagnosis of LM presentations, particularly nail matrix nevi, which were identified as a regular brown pattern of longitudinal lines with globules or blotches. Melanoma was identified with high specificity by a pattern of longitudinal lines that were irregular in color and thickness, with or without irregular globules or blotches, but some difficulty remained in differentiating between nail melanoma and melanocytic hyperplasia. The uncertainty and invasiveness of addressing LM represents a significant problem that may lead to delayed diagnosis of melanoma. Histologic examination is still required to confirm diagnoses, and it is suggested that biopsy...
**Nail Tips**

of any suspicious lesion be performed to ensure adequate diagnosis, particularly where an invasive ID procedure is already being performed. Use of ID may be more useful in identifying surgical margins and selecting biopsy type, than as an LM diagnostic tool.

**References**


**Nail Clippings**

**Nail Clippings**

Submitted by Aditya Gupta, MD


Investigation of nail pigmentation disorders frequently suggests onychomycosis. This article describes a 74-year old woman referred for a suspicion of onychomycosis of the toes after presenting with a 5 month history of nail pigmentation, extending from nail matrix to distal portion in all 10 toenails, with fingernails unaffected. Localized xerosis of the feet was also noticed. Multiple mycological tests were negative for fungal infection, however. The subject’s history also included treatment with hydroxyurea (HU) for essential thrombocythemia, and led to diagnosis of melanonychia due to use of HU. HU has previously been associated with cutaneous and mucosal adverse reactions including: cutaneous, mucosal and nail hyperpigmentation; xerosis; skin atrophy; lichenoid reactions; leg ulcers; squamous cell carcinomas. Induced nail changes reported with HU may also include onycholysis, onychodystrophy, brittle atrophic nail, onychoschizia, and blue lunula, in addition to melanonychia. It was suspected that the patient had focal stimulation of the ungueal matrix melanocytes associated with chronic rubbing of the toes in tight shoes, exacerbated by the subject being overweight. Though high rates of false negative cultures are found in mycology testing, physicians should remain alert for alternate causes of nail abnormality.

A 39-year old female reported a 5-week history of infected ingrowing toenails affecting both great toenails, which were bleeding and tender to touch, with over-growing granulation tissue. The subject also presented with heavy intermenstrual bleeding, lethargy and bleeding gums. Anemia and thrombocytopenia were present with normal white cell count. Ulcerated necrotic toe tissue was excised and toenails avulsed. Excised tissue revealed sheets and solid nodules of neoplastic cells which were characteristic of granulocytic sarcoma. Though disease was not judged high-risk, the subject had rapid bone marrow relapse resulting in death, despite completing 3 courses of chemotherapy and receiving toe radiotherapy. This case represents a unique presentation of granulocytic sarcoma involving extremities, serving to remind physicians that not only skin, bone or lymph nodes may be affected by this entity.

CND Awards for 2013

Clinical Research Award
Due: December 15, 2012

CND is accepting applications for research grants for funding in 2013. Applications are open to dermatologists, podiatrists, residents, fellows and researchers in the field of nail disorders.

Grant applications are available online at www.naildisorder.com.

Mentoring Award
Due: December 15, 2012

The CND Mentorship Award helps to develop young leaders with investigative/clinical interest and expertise in nails through a mentorship with established investigators and clinicians.

Funding up to $2,000 is available for dermatology residents, medical and podiatry students, post doctoral fellows and junior faculty.

For more information go to www.nailcouncil.org.

Scher/ Baran Award Application
Due: December 1, 2012

The Council for Nail Disorders is pleased to announce it will present the Richard Scher / Robert Baran Resident Award for the best oral presentation by a resident or medical student at the Scientific Session of the CND Annual Meeting (February 28, 2013) in Miami Beach, Florida.

The paper selected will receive the Scher/Baran Award in the amount of $1,000.00. Award winners are encouraged to submit an article based on their presentation to an appropriate PubMed listed journal. Award funds will be presented when the article is submitted.

Details and online application are available at www.nailcouncil.org.

Save the Date!
February 28, 2013
17th Annual Meeting of the Council for Nail Disorders
Research in Nails from the Past Year

Submitted by Philip Fleckman, MD

Research in Nails from the Past Year: as Reported at the 16th Annual Meeting


Council for Nail Disorders Programs

The Council for Nail Disorders (CND) was founded in 1995, Research Grants were announced at the first Annual Meeting in 1997, and the first Grants were awarded the following year. The purpose of the grants is to encourage research in the field of nail disorders. Ten years later in 2008, CND introduced a Mentoring Grant program with the goal of encouraging young practitioners and researchers to develop long-term professional relationships and increased knowledge about nail disorders. The Scher/Baran Resident Award for the best presentation by a resident at the Annual Meeting was introduced in 2010.

Since the beginning of both programs, 19 of 41 research grant applications, 6 of 9 mentorship grant applications and 3 Resident Awards have been funded to a total of $160,798. These have resulted in at least 20 publications, other funding sources for 5 of the research proposals, and training of 6 individuals with an interest in nail disorders. In addition, resident attendance at the Annual Meeting has increased with advent of the Scher/Baran Award. Grants have been funded from generous donations of CND members and a number of pharmaceutical companies.

The 2012 Mentoring Grant recipients are Dr. Caitlin Carney and Dr. Jane Bellet. Dr. Carney is a third year resident at the University of Alabama who will spend two to four weeks learning about the diagnosis, treatment and procedural aspects of nail disease with Dr. Antonella Tosti at the University of Miami. Dr. Bellet is an Assistant Professor of Dermatology and Pediatrics at Duke. She will spend two days with Dr. Nat Jellinek observing surgical nail techniques.

Six outstanding presentations were given by residents from programs around the world. The Scher/Baran Award was presented to Stacy M. Chimento, MD of the University of Miami for her work on "Reflectance Confocal Microscopy: A Promising Non-Invasive Method for the Examination of the
Research in Nails

continued from page 6

Normal Nail aPlate Anatomy nd Superficial Disorders"

Award Announcements

Grant applications for the Research and Mentoring Grants are now available online at www.nailcouncil.org. The Deadline for the awards is December 1, 2012.

CND Mentoring Grant Report

Submitted by Jane Bellet, MD
Duke University
Durham North Carolina

The Council for Nail Disorders mentorship grant enabled me to observe Dr. Nate Jellinek’s nail practice (Dermatology Professionals, East Greenwich, Rhode Island). Until this experience, I had only ever seen three simple nail avulsions, and had taught myself everything else that I knew about nail procedures.

This mentorship has completely changed that, as I learned from an expert nail surgeon. Dr. Jellinek rearranged his schedule so that I saw almost 30 nail patients in two days. I was able to observe all aspects of his practice: from initial assessment of a patient to counseling and education to all nail procedures.

His staff and procedural dermatology fellow, Katherine Cordova, M.D., were very welcoming and willing to share their knowledge. Dr. Jellinek gave a lecture on chronic paronychia that changed the way I think of the condition and therefore will help me as I treat future patients. He was very generous in sharing his knowledge about disorders affecting the nail and their management. My learning curve was straight up and I scribbled down everything that I learned. I ended up with eight typed pages of new knowledge!

I brought pictures of some of my nail patients and discussed potential surgical approaches with Dr. Jellinek. When I returned to North Carolina, I had the opportunity to use my new found knowledge concerning a four year old boy with melanonychia. I had discussed his case with Dr. Jellinek while in Rhode Island and we had agreed that a lateral longitudinal excision would be the best approach. I carefully tried to implement all the things that I had learned the week before: how to counsel the family; how best to achieve a bloodless field; how to gently excise the specimen; when to give antibiotics; and very importantly, how to bandage the finger when finished.

I want to thank the Council for Nail Disorders for providing me this unique opportunity to learn from Dr. Jellinek. I am very excited to start a nail clinic for both children and adults and he has given me the tools to get started. I also know that he will provide guidance as I see patients that are diagnostic or management dilemmas. Dr. Jellinek’s enthusiasm and encouragement for a new provider of specialized nail care cannot be underestimated and I wish to thank him very much. I look forward to a long collaboration with Dr. Jellinek and other members of the Council in the care of patients with nail dis-

CND Mentorship History

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<td>Nail Surgery</td>
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<td>Daniela Mendoza, MD</td>
<td>Eckhart Haneke, MD</td>
<td>Nail Tumors</td>
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<td>Adam Rubin, MD</td>
<td>Nathaniel Jellinek, MD</td>
<td>Nail Dermatopathology</td>
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Dr. C. Ralph Daniel chaired the scientific program for the 2012 Annual Meeting, preparing a well-balanced and informative session, with his co-chair, Dr. Patricia Chang (Guatemala). Meeting attendance was nearly 100, with representatives from many countries!

Dr. Stacy Chimento of the University of Miami won the 2012 Award for best resident presentation on “Reflectance Confocal Microscopy: A Promising Non-Invasive Method for the Examination of the Normal Nail Plate Anatomy and Superficial Disorders.”

Keynote presentations followed with Dr. Boni Elewski delivering a highly informative update on onychomycosis, including a comprehensive review of the onychomycosis grading scale and treatment options. Dr. Bianca Maria Piraccini provided an excellent discussion of inflammatory nail disorders and her clinical pearls for diagnosis and management.

In the General Session, Dr. Bryan Markinson gave an excellent presentation on nail disease from the podiatrist’s perspective. Dr. Aditya Gupta updated us further on the diagnosis and epidemiology of onychomycosis, with a discussion of the best techniques for proving the diagnosis. Dr. Dong-Yuen Lee reviewed his recent research on the nail unit mesenchyme (onychodermis). Dr. Avner Shemer educated us on treatment failure in onychomycosis, some of which relates to study design. Drs. Antonella Tosti and Richard Scher gave terrific reviews of the non-surgical and surgical literature pertaining to nail disease with emphasis on 2011, highlighting important works and new observations.

Dr. Nathaniel Jellinek continued with a more detailed look at new surgical techniques in the literature, including treatment of keratinocytic malignancies. Dr. Dimitris Rigopoulos enlightened us with a session on nail disease of the elderly, an ever-growing population of patients with many issues related to the aging process and faulty biomechanics. Dr. Philip Fleckman continued with an update on nail research.

The program concluded with a review by myself on the ways in which the dermatopathologist can assist in the diagnosis of nail disease, and Dr. Adam Rubin with a dermatopathology-oriented literature review, covering new entities and new techniques in nail unit processing.

The lively program covered a lot of ground, featuring elements from clinical dermatology and dermatopathology, surgery, pharmacology and research, and it was exciting to see many new faces in the audience and as presenters. We can now look forward to the 2013 Annual Meeting, to be held in Miami Beach, Florida on February 28, with Drs. Richard Scher and Phoebe Rich co-chairing the event.
**Announcements**

17th ANNUAL MEETING OF THE COUNCIL FOR NAIL DISORDERS

February 28, 2013
Miami Beach Resort
Miami Beach, Florida

Program Directors:
Richard Scher, MD & Phoebe Rich, MD

Save the Date!

INTER ACADEMIC ONYCHOLOGY COURSE

Fifth Session
Université Libre de Bruxelles
Université de Liège

For the fifth consecutive year, we are pleased to announce our Course of Onychology that will be held in the heart of Brussels.

As usual, this course is aimed at neophytes as well as dermatologists already familiar with onychology.

The clinical and pathological aspects, management and therapy will be detailed. A life surgery session will fill a whole afternoon.

This time, our guest speaker will be Bianca Maria Piraccini, an Italian nail expert, Member of the European Nail Society Board.

Two sessions will be organized:

English Session: Friday and Saturday, October 19\textsuperscript{th} & 20\textsuperscript{th} 2012.

Faculty includes: J. André, B Richert, M Trakatelli, BM Piraccini, M Caucanas.

Any further information may be collected on our website: [www.onychologycourse.eu](http://www.onychologycourse.eu) or upon request to info@onychologycourse.eu

We are looking forward to welcoming you numerous in Brussels.

Josette André & Bertrand Richert
Location: Brussels, Belgium
For more information:
Contact: Anne-France De Meyer
Email: info@onychologycourse.eu

Acrylates Named Contact Allergen of the Year

The American Contact Dermatitis Society announced that Acrylates is its 2012 Allergen of the Year. Each year since 2000 the ACDS has honored an allergen with the dubious distinction of “Contact Allergen of the Year”.

According to Dr. Donald Belsito, acrylates are everywhere and these plastic materials are found in plexiglas, paints, adhesives, dental composite resins, medical devices, bone cement and yes, artificial nails.

While fully polymerized acrylic plastics are inert and harmless, the monomeric building blocks acrylates and methacrylates are strong irritants and allergens. Methyl methacrylate (MMA) in artificial nails has caused severe perungual dermatitis, nail destruction and painful, persistent paresthesia. The Food and Drug Administration banned the use of MMA in 1974, but the alternative acrylates including the new “UV light cured “gel” nails are as sensitizing as MMA.

Occupational exposure leading to sensitization to acrylates is widespread in the medical environment among surgeons, nurses and dentists. Beauticians who apply artificial nails are also exposed.

For more information on why acrylates were named the “Contact Allergen of the Year” see the article by Dr. Denis Sasseville in the January/February 2012 issue of *Dermatitis*. 
2012 New Members

Caitlin Carney, MD
University of Alabama
Birmingham, AL
Resident

Jinan Chaarani, MD
Homewood, AL
Resident

Erik Dominguez, MD
U Mass Memorial
Worcester, MA
Resident

Steven Duddy
NuvoLase Inc.
Chico, CA
Associate

Vladimir Gertsik, DPM
Gertsik Podiatry PC
Brooklyn, NY
Podiatry Fellow

Mahmoud Ghannoum, PhD
Case Western Reserve University
Cleveland, OH
Affiliate

Vincent Hetherington, DPM
Ohio College of Podiatric Medicine
Independence, OH
Podiatry Fellow

Molly Hinshaw, MD
UWSMPH, Dermpath Diagnostics
Brookfield, WI
Podiatry Fellow

Julie Ann Jefferson, MD
Oregon Derm and Res Ctr
Portland, OR
Resident

Kazuyoshi Kataba
Torrance, CA
Affiliate

Megan Nicole Landis, MD
Mayo Clinic Florida
Jacksonville, FL
 Resident

Walter Loureiro, MD
Sao Paulo
Brazil
Affiliate

Maryanne Makredes, MD
U Mass Memorial
Worcester, MA
Resident

Donna M. McAnespy, DPM
McAnespy Podiatry Center, LLC
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Aberdeen,
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Grace Torres-Hodges, DPM, PA
Pensacola, FL
Podiatry Fellow

Daniel L. Waldman, DPM
Blue Ridge Foot Centers
Asheville, NC
Podiatry Fellow

Ken Witte
KGW Consulting
San Rafael, CA
Associate


Council for Nail Disorders History

Submitted by Philip Fleckman, MD

The Founding

The Council for Nail Disorders grew out of a query by Dr. Nardo Zaias on why there wasn’t a group with a focus on nails?

At a meeting on February 21, 1995, he proposed the creation of “The Nail Club” which would be an “organization where nail information will be propagated and controversies ... discussed.”

Later that year (June 3-4, 1995), the Initial Advisory Board Meeting of the National Council for Nail Disorders met to discuss its formation. The board members included:

- C. Ralph Daniel III
- James G. Del Rosso
- Boni E. Elewski
- Philip Fleckman
- Paul Krusinski
- Richard Odom (teleconference)
- Phoebe Rich
- Theodore Rosen
- *Richard Scher
- Martin Zaiac
- *Nardo Zaias
- *co-chairs

The board garnered financial support with an unrestricted educational grant from Janssen Pharmaceutical, Inc. and hired Pro/Com International in New Jersey to administer the new organization.

During the summer, the board invited Lawrence A. Norton to join as a board member. The board met on July 26, 1995 during the American Academy of Dermatology (AAD) meeting in Chicago, IL. At that time the name was discussed and the name was changed to the International Council for Nail Disorders.

During that meeting Drs. Phoebe Rich, Richard Scher and Nardo Zaias were appointed Trustees.

The board eventually settled on the name of the organization as the Council for Nail Disorders.

The Mission Statement was adopted (but later modified):

The Council for Nail Disorders (CND) is dedicated to supporting quality patient care, education, and research encompassing the wide range of nail disorders. CND has been chartered to assist health care professionals in proper diagnosis and treatment in an effort to reduce the incidence and persistence of these medical conditions.

CND will also place emphasis on increasing awareness among patient advocacy groups and nail and skin care specialists serving the general public to promote the importance of seeking professional evaluation.

And the Bylaws were adopted and non-profit status was granted.

Building Membership

Recruitment for members began in January 1996. The CND reached out to US and Canadian dermatologists, non-resident dermatologists, osteopathic dermatologists and podiatrists.

Advisory Board

On February 9, 1996 the Advisory Board Meeting was held during the 54th Annual AAD in Washington, D.C.

At that meeting the Mission Statement modified:

The mission of the Council for Nail Disorders (CND) is to support quality patient care, education, and research encompassing the wide range of nail disorders.

CND has been chartered to assist health care professionals in proper diagnosis and treatment in an effort to reduce the incidence and persistence of these medical conditions.

CND will also place emphasis on increasing awareness among patient advocacy groups and nail and skin care specialists serving the general public to promote the importance of seeking professional evaluation.

As part of the society’s “coming out” announcement a Poster Exhibit was organized and the CND booth promoted the Society at the AAD. The first set of Educational Brochures (paronychia, nail psoriasis, onychomycosis) were displayed.

First Annual Meeting

The First Annual Meeting was held in conjunction with the 55th Annual AAD San Francisco in 1997. Speakers included Antonella Tosti, Boni Elewski, Aditya Gupta, Richard Scher, Richard Odom, Irving Katz, Martin Zaiac and Phil Fleckman.

In 2013, the Council will hold its 17th Annual Meeting in Miami Beach, Florida.
The Official Newsletter of the Council for Nail Disorders

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