Utility of Gel Nails in Improving the Appearance of Cosmetically Disfigured Nails: Experience with 25 Cases

Dear Editor,

We appreciate the interest shown by the authors in our study[1] and also acknowledge the concern raised by the authors. The risk of allergic contact dermatitis to acrylates present in gel nails is a genuine concern that has previously been reported in the literature and included in our study as well.[1-3] Freeman *et al*. reported four cases with contact allergy to acrylates in sculptured acrylic nails with varied reactions, including nail fold, fingertip and hand dermatitis, face and neck dermatitis, dystrophic nail changes and paraesthesiae.[4] Similarly, acrylate allergy has also been reported by Sidhu et al., who presented two cases with allergic contact dermatitis to acrylates from disposable blue diathermy pads used after routine surgery.[5] To minimize any such chances, we had elicited a clear history of previous allergy or dermatitis to any of these products from our patients.[1] In our limited study of 25 patients, we did not encounter any adverse reactions or acrylate sensitivity; the potential however exists if studies are carried out in larger populations.

We had earlier outlined, and now repeat, that a history of any allergic reactions to nail cosmetics/artificial nails in the past should be elicited, which we did for all our patients. We had also mentioned that the cuticle should be minimally manipulated (unlike routine salon procedures) and the gel should not be applied on the cuticle or surrounding skin so as to decrease the chances, if any,of allergy to the gel. We have used a single coat of gel nail carefully avoiding any contact with the cuticle or the surrounding skin. Also, we used the primer by the drop method (i.e., putting a single drop on the centre of the nail) to avoid any contact with the cuticle/surrounding skin. These measures are outlined in Table 2 of our article.[1]

Vazquez-Osorio *et al*. have also described an airborne reaction in a manicurist, secondary to nail sanding dust.[2] To minimize this risk, we had described minimal buffing of the nail plate as well as carrying out the procedure of application and removal in a well-ventilated room.[1]

Additionally, we pointed out that the primer or the acetone solution used for removal of these nails could also elicit adverse reactions. In our publication, we have tried to highlight precautionary measures to minimize the risk of sensitization or adverse reactions. For removing these nails instead of using the conventional

method of dipping the hand in acetone for 30 min, we have used a cotton ball dipped in nail polish remover for 10 min only, thereby decreasing the chances of any allergic reaction or dehydration of the surrounding skin.

We further want to highlight that although a theoretical risk of contact allergic dermatitis to gel nails will always exist, we do not have reliable population data available as of now. Most of the cases reported are in the form of single reports or small series. To deny the benefit of gel nails to our patients, due to the potential risk, would also not be prudent. Larger studies with more number of patients, repeated applications and concomitant patch testing may help resolve this issue.

We conclude that in our small study population, we did not encounter any of these reactions. The risk can further be minimized by practicing adequate precautions.

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