Article type: Commentary (previously assigned JAADI-D-22-00239)

Title: Nail technician cosmetology training regarding melanonychia and nail melanoma

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Funding sources: University of Michigan Department of Dermatology

Conflicts of Interest: None declared.

IRB review: Not applicable

Statement on any prior presentation: This manuscript has not been published elsewhere.

Manuscript word count: 500

References: 5

Keywords: nail melanoma; melanonychia; nail technician; cosmetology; nail disorders
Melanoma of the nail unit represents only 0.7-3.5% of all melanoma diagnoses but is associated with a high mortality rate due to late stage at presentation.¹ In a recent study of nail technicians’ understanding of presenting signs of nail melanoma, 83% reported learning about nail diseases in their training;² however the depth of education on nail disorders in nail technician curricula has not been investigated. To further understand their knowledge base, we reviewed cosmetology school curricula regarding nail melanoma and melanonychia.

We spoke with 16 cosmetology schools in Michigan to inquire about the educational resources used in their nail technician training programs. Although students receive both theoretical (textbook, lecture, exams) and practical instruction, nail pathology training was predominantly textbook-based. Two textbook series were utilized: Milady Standard Cosmetology, 14th edition (n=13) and Pivot Point cosmetology series, 1st edition (Salon Fundamentals and Fundamentals Cosmetology) (n=3). One book dedicated 13 pages to nail diseases, in which one paragraph discussed melanonychia and two paragraphs reviewed nail melanoma.³ We were quite pleased to find this text accurately noted that nail melanoma: most often arises in the nail matrix; has single digit involvement most common on the thumb or hallux; has differential diagnosis including subungual hematoma; is more often seen in adults with darker skin; needs to be referred to a doctor for biopsy; and has risk of metastasis if untreated.¹,³-⁴ The photo provided is a broad dark brown band with distal nail plate splitting, consistent with concerning features of nail melanoma.³-⁴ Unfortunately, of the two photos provided as examples of benign melanonychia, one shows a dark brown band in a client of skin of color with a broader band at the proximal nail fold – an ominous sign of expanding melanocytic lesion,³-⁴ concerning for nail melanoma.
The other textbook series dedicated 17 pages to nail diseases, with two paragraphs discussing melanonychia but no mention of nail melanoma. This text notes etiologies for melanonychia include racial background, trauma, medications, and systemic disease, and suggests that in clients with darker skin it is “harmless and service should be performed as usual.” It does note that clients with lighter skin and melanonychia should see a physician to rule out a serious health concerns but after making the client aware, nail service should still be performed as scheduled. Unfortunately, the same photo, with broader proximal pigment, is used as one of two examples of benign melanonychia. Although we do not expect nail technicians to be experts in nail disease, we believe this information is overly simplified and gives false reassurance.

Review of nail technician educational material provides insight for dermatologists, particularly those who specialize in nail disorders. Our investigation was limited to cosmetology schools in Michigan who reported utilizing English-based texts. We acknowledge that the nail technician workforce is diverse and other sources are likely used. Knowing what is being taught allows for potential education and collaboration with the cosmetology industry to screen for nail melanoma, reach these patients earlier, and decrease morbidity and mortality for this patient population.
References:


