**Dermatology\_Team3\_Report.docx**

## **1. Research Documentation**

**Sources Used**

* PubMed ([https://pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/))
* American Academy of Dermatology ([https://www.aad.org](https://www.aad.org/))
* World Health Organization (WHO) Reports
* National Institute for Health and Care Excellence (NICE) Clinical Guidelines
* Mayo clinic ([Medical Diseases & Conditions - Mayo Clinic)](https://www.mayoclinic.org/diseases-conditions)
* Cleveland clinic (<https://my.clevelandclinic.org/health/diseases>)
* American academy of dermatology ([American Academy of Dermatology)](https://www.aad.org/)

**Methodology**

* The team employed a systematic literature review approach, beginning with keyword searches tailored to each disease or topic (e.g., “IgA nephropathy epidemiology,” “APOL1 kidney disease treatment,” “nodular glomerulosclerosis differential diagnosis,acne causes).
* Filters were applied to limit results to English language articles published primarily between 2018 and 2025 to ensure up-to-date information.
* Priority was given to meta-analyses, systematic reviews, clinical guidelines, and high-quality original research.
* Articles were screened for relevance by reviewing titles and abstracts, followed by full-text analysis for data extraction.
* Cross-referencing of bibliographies helped identify additional pertinent sources.
* Team members independently reviewed and synthesized the data to ensure accuracy and comprehensiveness.
* Human studies only

**Challenges Faced**

* Limited data were available for some rare diseases or newly characterized conditions, leading to reliance on smaller case series or expert opinion.
* Some epidemiological data were region-specific, limiting generalizability.
* Variability in diagnostic criteria and nomenclature across studies occasionally complicated direct comparisons.
* Access to full-text articles was occasionally restricted, requiring use of abstracts or secondary sources.

**Date Accessed**: May 15–22, 2025

**Description of Contents**:

* Clinical guidelines, treatment algorithms, prevalence data, and recent updates on skin, hair, and nail conditions
* Emphasis on evidence-based practices from dermatology societies

The collected literature included epidemiological studies, clinical reviews, prognosis reports, treatment, and consensus guidelines relevant to dermatology and related specialties. The content spanned disease definitions, causes, symptoms, differential diagnoses, epidemiology, and emerging therapies.

**File Format & Size**:

* Format: PDF (.pdf) and Word (.docx)
* Size: 12.3MB,4.4 MB

**2. Disease List & Individual Contributions**

| Dermatology | Nail psoriasis, Brittle splitting nails,  Onychogryphosis, onchogryptosis,  Onychmycosis, Paronychia,  Leuconychia, Furrows and ridges,  Splinter hemorrhage | Jennifer Imogie |
| --- | --- | --- |
| Dermatology | Alopecia Areata, Tinea Capitis (Scalp Ringworm),Telogen Effluvium, Trichorrhexis Invaginata, Lichen Planopilaris, Folliculitis, Pili Torti,  Trichotillomania, Hirsutism, Monilethrix, Head Lice, Androgenetic alopecia, anagen effluvium, scarring alopecia, uncombable hair syndrome, trichorrhexis nodosa, cicatricial alopecia, trichothiodystrophy | Barakat Abubakar |
| Dermatology | Acne, Atopic Dermatitis (Eczema), Cold Sores, Psoriasis, Rosacea, Vitiligo, Hidradenitis Suppurativa, Lichen Planus, Cellulitis, Melanoma, Ringworm, Shingles, Hives, Fungal Nail Infections, Actinic prurigo (AP), Argyria, Chromhidrosis, Epidermolysis bullosa, Harlequin ichthyosis, Lamellar ichthyosis, Necrobiosis lipoidica, scleroderma, pemphigus, Raynaud's phenomenon | Leslie El |

## **3. Submission Details**

**Deadline**: [22, MAY 2025]