



ACTAS Derma-Sifiliográficas

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COMMENTARIES

Clinical Research in Dermatology in Spain[☆]



El estado de la investigación clínica en dermatología en España

Bibliometric analysis provides us with highly useful measures of scientific output and quality according to specialty and topic, research center, or country. An understanding of what research is being done and where it is carried out and by whom is an essential starting point for increasing productivity. Above all, however, this knowledge is the key to improving quality and facilitating collaboration between different Spanish hospital groups.

The study by Molina-Leyva et al.¹ in this issue provides a snapshot of the state of dermatology research carried out in Spain from 2005 to 2014. The authors assess output in

terms of quantity (number of articles published) and quality (number of cites per article) according to geographic area, health center, and specialty or topic.

The results are of great interest and well presented, and this article might well be considered a “white paper” on Spanish clinical research in dermatology. Furthermore, the study was designed to be reproducible, so change over time can be tracked to identify trends in our specialty.

Reference

1. Molina-Leyva A, Descalzo MA, García-Doval I. Mapa de centros de investigación clínica dermatológica española: resultados del estudio MaIND. *Actas Dermosifiliogr.* 2017, <http://dx.doi.org/10.1016/j.ad.2017.05.006>.

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A Selfie of Mohs Micrographic Surgery in Spain[☆]



Selfie de la cirugía de Mohs en España

Superior cure rates to conventional surgery, combined with the potential benefit of sparing healthy tissue, have established Mohs micrographic surgery (MMS) as one of the pillars of skin cancer treatment in recent decades.

The number of Spanish hospitals offering MMS, using either the fresh-tissue technique or slow Mohs, is increasing. In 2013, the Foundation of the Spanish Academy of Dermatology and Venereology (AEDV), together with academy's

working group on Surgical Dermatology, Laser, and Cutaneous Oncology (GECIDOC), launched the Spanish Mohs Surgery Registry (REGESMOHS) to compile quantitative and qualitative data on the use of MMS in different regions of Spain.

The article by De Eusebio-Murillo et al.¹ in this issue of *Actas Derma-Sifiliográficas* presents the results for 1796 MMS cases included in the registry up to January 2016. The authors describe, along with other data, key findings related to resource planning, such as type of anesthesia, surgical technique, hospitalization, number of MMS stages, and surgery duration. All dermatologists planning to perform MMS at their hospital should be acquainted with information on the current state of MMS in Spain.

Reference

1. De Eusebio-Murillo E, Martín-Fuentes A, Ruiz-Salas V. Descripción de las intervenciones quirúrgicas recogidas en el registro español de cirugía de Mohs (REGESMOHS) (2013-2015). *Actas Dermosifiliogr.* 2017. <http://dx.doi.org/10.1016/j.ad.2017.04.018>

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Dermoscopy Can Indicate the Grade of Actinic Keratoses[☆]



La dermatoscopia sugiere el estado evolutivo de las queratosis actínicas

The introduction of dermoscopy revolutionized the paradigm for the early diagnosis of melanoma. Today, its usefulness in this setting is indisputable and has been demonstrated by several meta-analyses. In clinical practice, the dermoscope has become an indispensable tool for any dermatologist assessing a pigmented lesion. It is, moreover, a noninvasive, relatively inexpensive, and easy-to-learn technique which facilitates the assessment of epidermal and dermal structures that are not visible to the naked eye. Dermoscopy has also been shown to be useful in the diagnosis and study of other diseases (inflammatory and infectious conditions, and tumors), which in many cases are included in the differential diagnosis for melanoma.

In their article in this issue, Kelati et al.¹ report on the dermoscopic features of a large series of pigmented

actinic keratoses and correlate them with the clinical characteristics and staging of the lesions. It is important to note that some of the perifollicular features of pigmented actinic keratosis lesions (rhomboidal structures and an annular-granular pattern) are also seen in lentigo maligna. Furthermore, certain dermoscopic features (for example, the star-like appearance at the periphery of the lesion) are associated with more advanced or hypertrophic actinic keratosis, and therefore have implications for both prognosis and treatment.

One conclusion that may be drawn from this study is that dermoscopy is not only useful in the diagnosis of pigmented actinic keratoses but also for staging these lesions.

Reference

1. Kelati A, Baybay H, Moscarella E, Argenziano G, Gallouj S, Mernissi FZ. Dermoscopy of pigmented actinic keratosis of the face: A study of 232 cases [Article in English, Spanish]. *Actas Dermosifiliogr.* 2017, <http://dx.doi.org/10.1016/j.ad.2017.05.002>.

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Psoriasis Protects Against a Low Minimal Erythema Dose[☆]



La psoriasis protege frente a una dosis eritemática mínima patológica

Phototherapy is one of the main treatments for psoriasis. The most widely used modality today is narrowband UV-B radiation. In most dermatology departments, phototherapy is initiated based on the skin phototype; however, the

authors of this study calculate the minimal erythema dose (MED), which often enables therapy to be initiated at higher doses and clinical results to be obtained sooner. Another advantage of calculating the MED before phototherapy is the possibility of identifying systemic photosensitivity.¹ What is remarkable in this study is that patients treated with photosensitizing drugs did not have low MED values (according to the standardized values published by the Spanish Photobiology Group [Grupo Español de Fotobiología], which served as guidelines for the authors).² Also noteworthy is the finding that patients with psoriasis were less likely to have a low MED. Given that psoriasis is the disease in which phototherapy is most widely used, calculation of baseline MED to reduce the number of light treatments would be recommendable and beneficial for a large number of patients with this disease.

[☆] Please cite this article as: de Gálvez M. La psoriasis protege frente a una dosis eritemática mínima patológica. *Actas Dermosifiliogr.* 2017;108:798–799.