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COMMENTARY

Teledermatology as a Service for General Practitioners in Remote Areas☆

La teledermatología como herramienta al servicio del médico de familia en poblaciones aisladas

In this issue González Coloma et al[1] analyze the use of teledermatology as a solution to the problem of access to specialist care in the province of Palena, Chile, where primary care clinics attend a large number of patients seeking care for skin conditions. The province's population is widely dispersed over a large geographic area, and access to a dermatologist through the public health care system is difficult because specialists are concentrated in centrally located cities. The authors report their cross-sectional study of the use of a teledermatology system, in particular the level of agreement between the diagnoses at the primary care clinics and at the referral hospital where the dermatologist was available. Agreement was moderate, somewhat lower than in similar studies.[2] The significant difference between the rates of specialist and nonspecialist diagnoses of inflammatory skin diseases suggest a need for better training of primary care physicians in this respect. The authors also saw a very large reduction in response time (until a specialist diagnosis was reached) when a dermatologist was contracted at the referral hospital as opposed to attending cases there on a part-time basis. The results suggest a clear need for specialist staffing. Response time was also shorter when direct physical examination by the dermatologist at the referral center was not required. This study shows how teledermatology can resolve a significant proportion of the skin conditions seen by primary care practitioners, reducing costs and time until diagnosis for patients who reside in isolated rural areas that lack specialists.

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References

1. González Coloma F, Sandoval Garcés M, Gedda Quiroga V, Bley Banda C. Teledermatología aplicada en zonas extremas: experiencia de 4 centros asistenciales chilenos en ámbito rural y aislamiento extremo. Actas Dermosifiliogr. 2019, http://dx.doi.org/10.1016/j.ad.2019.01.009.
2. Cid L, Vargas M. Teledermatology: Experience in a Chilean urban Family Health Center. Rev ANACEM. 2015;9:68–71.

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Benign Lesions Referred to Dermatology☆

Lesiones benignas en la consulta del dermatólogo

The societal impact of primary and secondary skin cancer prevention campaigns continues to increase. Alert to the dangers of excessive sun exposure and its role as a risk factor for skin cancer, the population has also gradually come to understand the importance of early diagnosis. Greater awareness among the general population and primary care physicians has increased the number of referrals to dermatology.

Data from the DIADERM registry[1] show that about 32% of referrals from primary care to dermatology in the Spanish public health care system cite a benign skin lesion as the main problem[2] and such referrals may therefore be avoidable.

This observation is of major interest for planning the delivery of care by dermatology services, whose managers must ensure that potentially serious dermatologic problems do not compete for attention with benign conditions that pose no health risk to patients. For this reason dermatology services should direct their efforts not so much to ''avoiding'' consultations for benign conditions but rather to providing ways to guarantee that any patient with such lesions or conditions can access a dermatologist's opinion

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without having a negative impact on the early treatment of serious skin diseases.

Appropriate training of the family practitioners and pediatricians at the primary care level and the implementation of teledermatology referrals[3] are approaches that help dermatology services deliver appropriate care to resolve each patient's true needs.

References

1. González -Cruz C, Descalzo MA, Arias-Santiago S, Molina-Leyva A, Gilaberte Y, Fernández-Crehuet E, et al. Análisis de la proporción de derivaciones potencialmente evitables desde atención primaria a dermatología por lesiones quísticas o tumorales benignas en España. Datos del estudio DIADERM. Actas Dermosifiliogr. 2019, http://dx.doi.org/10.1016/j.ad.2019.02.003.
2. Moreno-Ramírez D, Ruiz-Villaverde R, de Troya M, Reyes-Alcázar V, Alcalde M, Galán M, et al. Proceso de atención a las personas con lesiones quísticas y tumorales benignas. Documento de consenso de la sección territorial andaluza de la Academia Española de Dermatología Médico-Quirúrgica y Venereología. Actas Dermosifiliogr. 2016;107: 391–9.
3. Moreno-Ramírez D, Ferrándiz L. A 10-year history of teledermatology for skin cancer management. JAMA Dermatol. 2015;151:1289–90.

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Suitability of patch testing in foot eczema☆

Eccema de los pies: oportunidad de las pruebas epicutáneas

Inflammatory skin diseases of the feet and hands can have a marked effect on the quality of life of both adults and children. While some authors consider concomitant involvement of hands and feet as a sign of a potentially endogenous cause, others show the presence of contact allergy in more than 50% of patients with this clinical condition.[1]

In their article, Sánchez-Sáez et al.[2] analyze the characteristics of 308 patients with foot eczema evaluated between 2004 and 2016 at the Skin Allergy Unit of the Dermatology Department of Hospital General Universitario de Alicante (9.4% of all cases during the study period). Their observations enable us to draw relevant conclusions for daily clinical practice. Their main conclusions are as follows:

- Performance of contact allergy testing in adults with foot eczema shows that the most commonly involved allergen in our setting is potassium dichromate. In addition, compared with patients with eczema at other sites, contact allergy is significantly more frequent and there are more clinically relevant positive results. These findings seem to be more common in geographic areas with hotter and more humid climates.[3]
- Negative patch test results are useful, especially in cases of concomitant hand and foot disease, since they support a clinical diagnosis of psoriasis (which may be histopathologically indistinguishable from hyperkeratotic eczema[4]) or atopic dermatitis.
- The recommendation to refer children with treatment-refractory atopic dermatitis or lesions on the feet and/or hands to the skin allergy unit is valid and consistent with recommendations from other authors.[5] Nevertheless, while the feet are considered a clinically atypical site, infantile atopic dermatitis often presents at this location.[6]

The study published in the current issue of ACTAS DERMOSIFILIOGRÁFICAS enables us to better understand the importance and scope of patch testing in patients with foot eczema, irrespective of whether they have concomitant hand eczema. It should also lead us to consider changes in our and our patients' choice of footwear.

References

[1] Agner T, Aalto-Korte K, Andersen KE, Foti C, Gimenez-Arnau A, Goncalo M, et al. Factors associated with combined hand and foot eczema. J Eur Acad Dermatol Venereol. 2017;31:828–32.
[2] Sánchez-Sáez JM, López del Amo A, Bañuls J, Silvestre JF. Eczema en los pies en una consulta de alergia cutánea: estudio retrospectivo de 13 años. Actas Dermosifiliogr. 2019, http://dx.doi.org/10.1016/j.ad.2019.04.002. Jun 14. pii: S0001-7310(19)30179-6. [Epub ahead of print].
[3] Febriana SA, Soebono H, Coenraads PJ, Schuttelaar ML. Contact allergy in Indonesian patients with foot eczema attributed to shoes. J Eur Acad Dermatol Venereol. 2015;29:1582–9.
[4] Park JY, Cho EB, Park EJ, Park HR, Kim KH, Kim KJ. The histopathological differentiation between palmar psoriasis and hand eczema: a retrospective review of 96 cases. J Am Acad Dermatol. 2017;77:130–5.
[5] Isaksson M, Olhardt S, Radehed J, Svensson A. Children with atopic dermatitis should always be patch-tested if they have hand or foot dermatitis. Acta Dermatol Venereol. 2015;95:583–6.
[6] Ortiz-Salvador JM, Esteve-Martinez A, Garcia-Rabasco A, Subiabre-Ferrer D, Martinez-Leborans L, Zaragoza-Ninet V. Dermatitis of the foot: epidemiologic and clinical features in 389 children. Pediatr Dermatol. 2017;34:535–9.

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