Ask Patients to Diagram Lesions to Improve Exams

Skin exams are more thorough, and patients are more likely to detect new lesions.

BY SHERRY BOSCHERT
San Francisco Bureau

LOS ANGELES — Asking patients to perform thorough skin self-examinations and to bring a diagram of moles they observe to their appointment will improve the rates and the accuracy of self-examinations, Dr. Martin A. Weinstock said at the annual meeting of the Society for Investigational Dermatology.

In a randomized study of 88 patients being seen in primary care clinics for routine visits, all were asked to perform skin self-examinations at home for melanoma prevention, of which half were asked to make a diagram of the lesions they observed before their next visit. Dr. Weinstock and his associates photographed the patients' backs, but patients did not see the photos at that time (J.A.A.D. 2006;55:245-50).

When the patients returned 2 weeks later for a follow-up visit, they were shown two photos of their backs and told that one or both photos might contain a phony 5-mm pigmented lesion that had been added using Adobe Photoshop software.

Patients who had been asked to diagram their lesions were better able to detect the "new" lesion on their back photos, reported Dr. Weinstock, professor of dermatology and community health at Brown University, Providence, R.I., and his associates.

"It's a very simple intervention, and something that I now do routinely because it works," he said. Making the lesion diagram improved the accuracy of skin self-examinations probably because patients had to really look at their back and do a more thorough job of examining the skin in order to diagram the lesions.

In a separate randomized study that has been accepted for publication, Dr. Weinstock and associates compared a multicomponent intervention designed to get people to do thorough skin self-examinations monthly with a control group of people placed on dietary interventions who also were asked to do monthly skin self-examinations.

At baseline there was no difference between groups in the proportion doing thorough skin self-examinations, but at 2, 6, and 12 months after the intervention, significantly more people in the multicomponent intervention group were doing thorough skin self-exams, compared with the control group. Participants were recruited from primary care offices.

Significantly more people in the intervention group went out and bought wall mirrors. "As research funding gets tight, I assure you that for my next grant I will figure out who manufactures these mirrors and see if they have some spare cash," he said. The National Institutes of Health funded the study.

The proportion of people who underwent some kind of skin surgery was similar between groups in the 6 months prior to the study. Six months after the intervention, significantly more people in the intervention group had skin surgery, compared with the control group, but that difference disappeared by 12 months after the intervention.

"When you get people to look at their skin, they see all sorts of stuff that they never really noticed before, and they ask their doctor about it," Dr. Weinstock said. That may explain the higher surgery rate after 6 months. Over time, as people become more familiar with what's on their skin, new surgery is less likely, he speculated.

A 1996 study showed that people who do skin self-examinations are about one third less likely to develop melanoma over a 5-year period and two thirds less likely to develop lethal or advanced melanomas, compared with people who don't perform skin self-exams. In general, 80%-90% of people don't do thorough skin self-examinations, he said.

Factors that increase the likelihood of people examining their skin include having a wall mirror, having a partner help with the exam, learning how to do a skin exam with a partner (instead of learning alone), and being advised by a physician to examine one's skin.

"Just tell them," Dr. Weinstock urged.

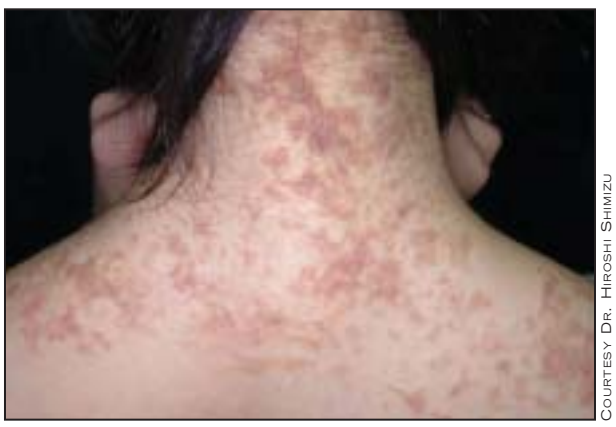
"There's a general view among physicians who do a lot of this that patients don't pay attention to you, but in fact many of them do." ■

Prurigo Pigmentosa Is a Differential In Patients With Hyperpigmentation

BY NANCY WALSH
New York Bureau

VIENNA — Prurigo pigmentosa should be included in the differential diagnosis of hyperpigmentary disorders among patients worldwide, Dr. Hiroshi Shimizu reported at the 16th Congress of the European Academy of Dermatology and Venereology.

This condition, first described by Dr. Masaji Nagashima in 1971, is characterized by pruritic urticarial papules and papulovesicles arranged in a reticular pattern and distributed symmetrically on the back, neck, and chest. The lesions evolve over the course of several days, leaving behind distinctive pigmentation in a netlike, reticular-shaped pattern (J. Dermatol. 1978;5:61-7).



COURTESY DR. HIROSHI SHIMIZU

The condition involves pruritic urticarial papules and papulovesicles arranged in a reticular pattern.

Dr. Shimizu was the first to report prurigo pigmentosa in the major English-language literature; he and his colleagues noted that nearly 100 cases had been seen in Japan but that the condition remained little known outside of that country (J. Am. Acad. Dermatol. 1985;12:165-9).

Approximately 700 cases have now been reported in Japan, and during recent years the condition has also been identified in patients of various races and from numerous countries, including the United Kingdom, Spain, Italy, Turkey, Iran, and Korea.

The majority of cases occur in young women, with more than 70% being seen among patients aged 11-20 years, said Dr. Shimizu, who is professor and chairman, department of dermatology, Hokkaido University School of Medicine, Sapporo, Japan.

Histopathologic findings depend on the stage of the lesion. In the early papular phase, numerous neutrophils can be seen in the epidermis, whereas in a fully developed lesion both neutrophils and lymphocytes are present, accompanied by spongiosis and vesiculation, he said. Histopathologic findings in the late pigmented lesion include a predominance of lymphocytes and melanophages and a lichenoid tissue reaction.

The differential diagnosis includes pigmented contact dermatitis, confluent and reticulated papillomatosis, leukocytoclastic vasculitis, and acute lupus erythematosus.

In Japan, the gold standard of treatment is minocycline or dapsone, both of which inhibit the migration and function of neutrophils. "Dapsone works somewhat more quickly than minocycline, but its recurrence rate is rather high," Dr. Shimizu said. The usual starting dose of dapsone for adults is 50-75 mg/day, and for minocycline, 200 mg/day. "If one does not work, you can try the other, and if both do not work, your diagnosis may be wrong," he said.

The etiology and pathogenesis of prurigo pigmentosa remain unknown, although some investigators have speculated on a possible metabolic influence because cases have been reported in patients with diabetes and in association with fasting, dieting, and ketosis (J. Am. Acad. Dermatol. 1996;34:509-11). "But we really don't know yet. I think an exogenous factor must be involved," he said. ■

Plastic Surgeons Warn Against Mesotherapy

BY ALICIA AULT
Associate Editor, Practice Trends

Patients should avoid injection treatments to dissolve fat—known as mesotherapy or lipolysis—as they are neither safe nor effective, according to a warning from the American Society for Aesthetic Plastic Surgery.

An ASAPS spokeswoman said the organization issued the warning in the wake of concerns expressed by its membership at the annual meeting.

"The bottom line for patients is this: Don't allow yourself to be injected with an unknown and untested substance," Dr. Foad Nahai, president of ASAPS, said in the statement.

Mesotherapy is not approved by the Food and Drug Administration. First practiced in France in the 1950s, the procedure involves multiple injections into the mesoderm of vitamins, plant extracts, minerals, homeopathic preparations, or traditional pharmaceuticals, depending on the condition targeted.

Practitioners claim there are few side effects, mainly burning, swelling and minor irritation.

But dermatologists note that there have been reports of serious infections and severely localized inflammation with mesotherapy.

"The bottom line is, long on hype, short on science," said Dr. Richard G. Glogau, a dermatologist in private practice in San Francisco.

Dr. Robert A. Weiss of Johns Hopkins University, Baltimore, agreed on the potential dangers, and added, "I certainly warn my patients that it's unproven and could lead to the area possibly looking worse."

The Aesthetic Surgery Education and Research Foundation is seeking Food and Drug Administration approval for a pilot study of lipolysis. In the 20-patient, 46-week placebo-controlled, double-blinded trial, patients will receive sham injections or injections of phosphatidylcholine/sodium deoxycholate, the most popular drug combination for lipolysis, Dr. Alan Gold, ASERF president, said in an interview. Evaluations will include histochemical and biochemical data and tissue scans. If the pilot is promising, the ASERF will conduct a multicenter trial, he said. ■