DERMATOLOGY

Elective report 2012 – Dermatology

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Elective objectives

1. Describe the pattern of dermatological disease in the UK and discuss this in the context of global health.
2. Describe the pattern of dermatological health provision within the UK and compare this with other countries
3. Describe the incidence of skin Squamous cell carcinomas and their severity within the UK.
4. Gain further exposure to and experience in how to manage dermatological conditions in general.

Discussion

Dermatology is the study of diseases of the skin. These can range from numerous skin infections to autoimmune conditions and tumours. It is estimated that at any one time in the UK 22-33% of the population have a skin condition that could be benefited by a physician intervention. Skin conditions are also the most common new condition presenting to GP's. In the UK the most frequent treated conditions in the UK are skin lesions (35-45%), eczema, psoriasis and acne. The majority of skin conditions are treated by GP's, however approximately 800 000 patients are referred onto specialist dermatology services, 92% of which are within the NHS services. As in the UK NHS specialists are medical rather than cosmetic dermatologists this shows there to be a large burden of dermatological disease within the UK.

Globally the pattern of dermatological disease in the developed world for example the in the USA and Europe is similar to that of the UK being prominent health concerns in these populations. The commonest conditions are also skin lesions, acne, eczema and psoriasis. However in developing countries, the burden of disease is even greater with an estimated 65% of all patients said to have skin conditions requiring physician input. In sub-Saharan Africa alone it has been estimated that mortality rates for dermatological disease are somewhere in the region of 20, 000 per annum. This compared to 4000 in the UK. Here the pattern of disease differs as the population dynamics and resources do. The most common skin conditions in the developing world include skin infections in the first instance including scabies, mycoses and HIV related skin disease. Although eczema and acne are also prominent conditions around the world.

Health provision of dermatology within the UK as mentioned earlier is medical rather than cosmetic in nature and provided for mainly within the NHS. The first port of call for any patient within the NHS is their GP. It is estimate d approximately 70% of dermatology management occurs within the primary care health service. This includes care from GP's,

those with special interest in dermatology and specialist nurses. Majority of specialist services are within hospitals and referrals occur mainly for diagnosis of unusual presenting lesions or treat or advise on treatment of complex conditions. In the UK the ratio of dermatologists to the population is only 1:130 000. This is much lower for example than in mainland Europe and the USA where the majority of patients see specialists in dermatology directly. In developing countries dermatology specialist services are even smaller in relation to the population. Most services provided by primary physicians and trained specialist nurses. Within the UK despite the burden of disease there is no requirement for dermatology services to be taught at an undergraduate level, although the majority do provide some teaching in this. Dermatology has a recognised speciality training pathway in the UK and involves postgraduate training in terms of a 5 year registrarship after foundation training is concluded.

Malignant skin diseases include most commonly melanoma, basal cell carcinomas and squamous cell carcinomas. The mortality of skin disease is approximately 1.4% of all deaths in the UK. This translates to 2075 deaths per annum of which 1,817 were attributed to malignant melanoma. However basal cell carcinomas are the most common cancers followed by squamous cell carcinomas of the skin (80% and 20% of non- melanocytic tumours). This shows that these tumours although more common are less aggressive in prognosis than melanomas. Basal cell carcinomas have the least malignant potential of all skin tumours. Squamous cell carcinomas are increasing in incidence and have increasing risk directly proportional to age. They are also increased risk in immunosuppressive states such as renal transplant patients. All skin tumours have an increasing risk with increase in the sun exposure patients have. Due to knowledge of these factors, there less malignant potential and the more obviously suspicious appearances to patients, as opposed to melanoma Basal cell carcinomas and squamous cell carcinomas tend to be picked up earlier in disease progression which aides to the significantly lower mortality rates.

In the majority during my elective I saw most of these diseases and many more diagnosed and treated with a number of different techniques including medication, topical formulations, light therapies, surgery and cryotherapies, as well as iontophoresis etc. each patient was managed in a team involving consultant dermatologists, plastic suregeons, registrars and specialist nurses in the hospital and community settings. Therefore I have gained a greater knowledge regarding the diagnosis and management of these diseases, as well as the patients and how their conditions effect- them on a daily basis. I also gained experience in working with a vast range in ages and common benign and malignant diseases and how to break bad news. Therefore I feel having completed my elective I have met my objectives set by myself and the medical school fully.

References

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