

## Dermatology elective report

### Objectives

To Investigate the presentation of disease in the population of East London  
Look at the psychological triggers of skin disease  
Investigating the services available to patients in East London. Referral systems for more specialist care if unavailable in East London. Look at what is or is not treated on the NHS.  
To assess the psychological impact of skin disease on the patient, affect on daily life, work and relationships.  
To further develop my history taking skills, improve my describing skills and recognition of conditions. To improve knowledge of management of skin conditions.

### Discussion

During my placement in dermatology I observed a wide range of skin conditions in a variety of presentations. I attended clinics including general, skin cancer, patch testing, vulval dermatology, psychodermatology, renal, emergency, collagen/vascular, day treatment and minor operations theatres.

The clinics are run by consultants and registrars and nurse specialists are heavily involved in the care of patients. This is a good example of the multidisciplinary team approach in medicine. The nurses have a great deal of expertise in dermatology and the patients clearly appreciated this.

Naturally, it depends upon which clinic is being attended, but in the general clinics, the most commonly presenting conditions included eczema and psoriasis across all ethnic groups and ages. I also saw some more unusual conditions such as bullous pemphigoid, intravaginal malignant melanoma, hydradenitis suppurativa and systemic lupus erythematosus.

I have seen only a small number of in patients, sometimes we have none. Sometimes we will see an in patient who is in hospital for a different condition, but where a skin disorder is presenting, either separately or as part of the original condition.

Due to the fact that we are a tertiary centre, we do receive referrals from many other hospitals, particularly for skin cancer. This was very evident in the Multidisciplinary team meetings where we are seeing patients referred from places such as Bristol, Leicester and East Anglia. Generally speaking, we can treat most things though we have referred some patients to Manchester for psychodermatological conditions where there is a particular expertise available. I was interested to discover that we don't remove benign moles or

I was unable to take any patient histories due to the clinics being busy. However, I did have the opportunity to practise describing skin lesions. I was able to examine the patients and use a dermatoscope and in some instances supply a potential diagnosis. I took opportunities to discuss the skin disease with the patient and how it affected their life.

Paediatric clinics were interesting. Naturally if children have a skin condition, parents may be extremely worried. In addition, if a child has very itchy eczema for example, they may not sleep and this can affect the whole family.

I learnt a great deal about the management of skin conditions, particularly eczema and psoriasis. This included the use of a wide variety of topical preparations, for use on different parts of the body, for adults and children, oral preparations, and chemotherapeutic regimes. I spent some time in day treatment and saw phototherapy and iontophoresis treatments being carried out. Phototherapy is often a very effective treatment indeed, but it is very time intensive for the patient who may have to repeatedly take time off work to attend for regular sessions.

I spent time in minor operations and saw biopsies and lesion removal operations all done under local anaesthetic.

Overall, I have really enjoyed this elective and would recommend it to other students.

### Bibliography

1. How stress can cause skin problems. [Online]  
<http://news.bioscholar.com/2011/08/how-stress-can-cause-skin-problems.html>.
2. **Foundation, Survey by the British Skin.** Four out of ten skin diseases sufferers bullied. *talkezcema*. [Online] 2010.