

DermSoc UK Newsletter

Affiliated with the British Association of Dermatologists



Autumn 2020, Volume 1, Issue 14

Dear DermSoc Members,

Welcome to the 14th Edition of the DermSoc UK Newsletter. These past few months have been uncertain and we are saddened we had to cancel our Spring 2020 National Dermsoc Day event. However, things seem to be getting back on track and upcoming events are being transformed into innovative virtual conferences! We have also heard about fantastic virtual events being held regionally by DermSoc societies across the UK. This issue of the newsletter summarises some recent dermatology news and includes a summary of upcoming events. We are always keen to hear your news – if you are interested in highlighting the work of your DermSoc for the next newsletter, please get in touch!



Join our Facebook group
"DermSoc UK"



Follow us on twitter
@BADDERMSoc



Email us
dermsocnational@gmail.com

Current Committee Members:



Maria Charalambides
Medical Student Representative



Sami Raza
Medical Student Representative



Giulia Rinaldi
Junior Doctor Representative



Sara Selvendran
Junior Doctor Representative

DermSocs across the UK

Can't see your medical school? Your university might have an inactive DermSoc that we haven't heard from in a while, or has never had one before.

If you have a new DermSoc committee, please get in touch with us with updated contact details at dermsocnational@gmail.com. If you would be interested in setting up a new DermSoc at your university, let us know – we can check if there has been one before, and give you some tips on getting started.

Aberdeen

Barts London

Birmingham

Bristol

Cambridge

Cardiff

Dundee

Edinburgh

Exeter

Glasgow

Hull & York

Imperial College

Kings College

Lancaster

Leeds

Leicester

Liverpool

Manchester

Newcastle

Nottingham

Queen's Belfast

RCSI Dublin

Sheffield

St George's London

UEA (East Anglia)

Battle of The DermSocs 2019-2020 *by Giulia Rinaldi*



Are you a medical student in the U.K? Or are you a Junior Doctor linked to a Medical School? Well the BATTLE OF THE DERMSOC'S may just be what you need to get your creative juices flowing! Every year participating DermSocs across the U.K. battle it out to fundraise the most money for the British Skin Foundation. The British Skin Foundation is a UK based charity whose proceeds go towards funding U.K. based dermatology research. There are THREE national prizes up for grabs; Winners (the DermSoc that fundraises the highest amount), Most Creative Award & Best Social Media presence award. This year the total raised by all participating DermSocs was almost £8,300!



Any fundraising event counts! In the past we have had revision lectures, surgical skills courses, Barry's boot camp classes, bake sales, burpees challenges, etc! Not only is this an excellent way to have fun, but it is for charity and it will look great on your CV!

For more information and to find out how to register your DermSoc:

Website: <https://www.britishskinfoundation.org.uk/Pages/Category/battle-of-the-dermsocs>

Instagram: [battle_of_the_dermsocs](#)

Email: battleofthedermsocs@gmail.com

Snapshot Summary – Covid-19 Pandemic and the Skin: *by Sara Selvendran*

'Zoom' meetings, social distancing and 'flattening the curve' are just some phrases that have crashed into our usual vocabulary. Coronavirus disease 2019 (Covid-19) exponentially spread globally with the World Health Organisation declaring it as a pandemic on the 11th March 2020. It soon became clear that the virus was complex and has the ability to affect different organ systems, including the skin.

Cutaneous Manifestations of Covid-19

Skin manifestations of Covid-19 were slower to be reported due to the wide range of presentations, which made it more challenging to establish a consistent correlation. Furthermore, documenting skin changes were perhaps less urgent in critically unwell patients. A large, cross-sectional study conducted in Spain reported five major cutaneous patterns associated with Covid-19(1):

1. 19% of cases demonstrated acral areas of erythema-oedema with some vesicles/pustules, commonly known as 'Covid toes'. This may be a useful indicator of disease as it can precede symptoms and be associated with less severe disease.
2. Other vesicular eruptions formed 9% of cases, presenting as monomorphic vesicles, affecting mainly the trunk.
3. 19% of cases illustrated urticarial lesions dispersed across the trunk. This is an important and difficult differential diagnosis to cutaneous drug reactions.
4. The over-arching term, other maculopapules, contained 47% of cases. Some cases showed perifollicular distribution with varying degrees of scaling with some being described as being similar to pityriasis rosea.
5. 6% of cases comprised of those with livedo or necrosis, suggesting ocular vascular disease. It appeared most commonly in elderly patients with severe disease.

The recognition and categorisation of Covid-19 skin manifestations may help clinicians identify more subtle cases(1).

Do dermatological patients have an increased risk of contracting Covid-19?

Dermatology patients with an epidermal barrier interruption may be at an increased risk of contracting the virus through an indirect contact. As Covid-19 has a low resistance to disinfectants, this emphasises the importance of appropriate preventative measures to decrease this risk. Additionally, it is unclear whether those taking immunosuppressant agents for conditions such as psoriasis and atopic dermatitis, are at an increased risk of contracting Covid-19. Decisions regarding the initiation and continuation of immunosuppressant agents should be

evaluated on a case-by-case basis and a shared decision between the clinician and patient should be sought. Factors for consideration include the drug's mechanism of action with associated infection risk and the negative impact of a skin flare with therapy cessation.

Skin issues relating to hygiene and personal protective equipment

In particular, healthcare workers have repeated contact with skin disinfectants and personal protective equipment. Commonly seen adverse reactions include allergic contact dermatitis, skin maceration and exacerbation of acne. Over 66% of healthcare workers will wash their hands over ten times per day, but only 22% are applying skin protection cream(2). Apart from the skin of our dermatology patients, this is an important reminder that we should also take care of ourselves.

References:

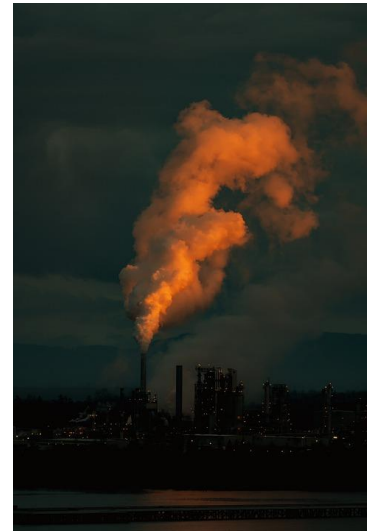
1. Galván Casas C et al. Classification of the cutaneous manifestations of COVID-19: a rapid prospective nationwide consensus study in Spain with 375 cases. *British Journal of Dermatology*. Wiley Online Library; 2020;183(1): 71–77.
2. Darlenski R, Tsankov N. Covid-19 pandemic and the skin-What should dermatologists know? *Clinics in Dermatology*. Elsevier; 2020

Air pollution and skin. An emerging link. *by Maria Charalambides*

We all know air pollution has widespread human and environmental effects, but have you ever considered the impact air pollution has on dermatological conditions? Evidence shows that the increasing prevalence of atopic dermatitis parallels a global rise in industrialization, likely due to the high cutaneous exposure to environmental pollutants. Environmental pollutants include particulate matter, traffic-related air pollution, volatile organic compounds and cigarette smoke.

A systematic review by Hendricks et al. (<https://doi.org/10.1111/bjd.18781>) found that pollutants induce cutaneous oxidative stress which damage the skin barrier by affecting the pH of the stratum corneum, skin microbiome, inflammatory signalling, transepidermal water loss, and propagation of itch-scratch cycle, thus impacting symptoms.

Interestingly, both long- and short-term pollutant exposure has been found to exacerbate atopic dermatitis symptoms and rates.



Are there gaps in the literature?

The combined effect of pollutants that the skin is exposed to daily has not been well studied and warrants further investigation. Additionally, temperature, humidity, UV light are likely to interact with air pollutants, mitigating or aggravating the impacts of pollutants on the skin. It is also important to remember that the investigation of pollutants in a laboratory setting is unlikely to replicate outdoor pollutants with regards to composition and exposure to air pollutants.

What do we need to focus on going forwards?

It is unclear whether pollution is capable of inducing skin barrier dysfunction in naive individuals or whether it exacerbates underlying barrier abnormalities intrinsic to atopic dermatitis. Some population-based longitudinal studies have shown a correlation between higher pollution exposure and atopic dermatitis prevalence, suggesting that a certain threshold may need to be surpassed to contribute to the development of eczema.

Investigation into the effect air pollutants on the skin microbiome is also required. Additionally, gene-environment interaction studies have highlighted the possibility of epigenetic phenomena contributing to transcutaneous sensitisation and the development of allergic skin disease in children and thus, further study should aim to elucidate these mechanisms.

Research should also aim to identify efficacious methods of protection against air pollutant skin damage and optimisation of skin barrier repair.

Has dermatology provision changed for good by COVID-19? *by Sami*

The COVID-19 pandemic has altered the provision of dermatology. With patients being encouraged to stay away from hospitals for infection control reasons, outpatient appointments have had to take a virtual approach through the adoption of digital health technologies.

I was lucky enough to speak to two clinical entrepreneurs who are leading the way in introducing digital health solutions in dermatology: Neil Daly, CEO of Skin Analytics with past experience in strategy and innovation for blue chip clients across banking, healthcare and telecommunications; and Piyush Mahapatra, NHS Clinical Entrepreneur, Orthopaedic Surgeon and Director of Innovation at Open Medical which operates eDerma. I pitched a few questions to each entrepreneur to delve deeper into how they are changing dermatology provision for the better.

Q: What is Skin Analytics and where do you see it in the provision of dermatology services?

Neil: Skin Analytics helps providers and CCGs define and build innovative new skin cancer pathways, leveraging clinically validated machine learning to help identify the right patients for the right referral pathway. We work in both primary care and secondary care where we use smartphones and dermatoscopes to capture high quality images of skin lesions to be assessed by our machine learning algorithms. In this way we're able to significantly reduce onward referrals and help manage capacity constraints for dermatology teams.

Ultimately the way we think about dermatology is that it's a speciality under immense pressure and when we speak to dermatologists, we hear the frustration with the volume of 2 week wait referrals impacting their ability to see other patients. Given 2 week wait numbers are rising dramatically, our goal at Skin Analytics is to help to better manage finding the right patients for dermatologists to spend their time helping. We do this by helping to triage out benign lesions from the referral pathways.

In our view, machine learning technologies, when properly clinically validated and regulated appropriately, have a huge potential to augment the expertise of dermatologists.

Q: How do you see Skin Analytics changing the referral pathway of suspected skin cancers?

Neil: We don't see our technology changing the referral pathways, but rather helping to better identify the right pathway for a patient. We think the relationship between a patient, their GP and their specialist is incredibly important. Our goal is to find more efficient ways to find the needle in the haystack by removing some of the hay so clinicians can focus their expertise on the right patients.

What COVID-19 has done is create an environment where the backlog of cases has created significant challenges for dermatology departments across the UK. We've done some modelling based on NHS data which shows that it will take a few years to try and resolve this and that is assuming dermatologists can see more patients than they have been to date - which is a stretch!

So, we're at a point in time where we have a validated solution that can help manage this demand surge and get us back to normal much faster. The migration to teledermatology is a must but even that won't resolve the current challenge, we must leverage new technologies to ensure we provide patients the level of care we have provided in years past.

Q: What is eDerma and who is it being used by?

Piyush: eDerma is a cloud-based dermatology platform, including teledermatology, that allows users to streamline workflows into the dermatology department and enable the triage of patients to have the right care, in the right place, at the right time. The platform extends beyond the traditional teledermatology pathway to facilitate the care ward admissions, onward procedure scheduling, speciality clinic booking, and clinical governance for the department.

Q: How has eDerma contributed to dermatology care during the pandemic?

Piyush: eDerma has evolved with client needs during the pandemic. The two key adaptations were the introduction of remote image capture by the patient for inclusion in their dermatology assessment; and clinic record assessments via telephone, video consultation or face-to-face.

Remote image capture: Rapid development of functionality to enable patients to send in images of their condition, and attach this directly into their care record, was crucial to departments functioning as best they could during the early stages of the pandemic. Patients were often referred without seeing a GP and this technology, along with telephone and video communication with the patient allowed the Dermatologists to get the best information of the patient's condition.

Clinic record assessments: Departments were adapting as best they could during the early phase of the pandemic. Telephone and video clinic became the norm, as did surgical procedures in off-hospital locations. The ability to record the outcomes of consultations and procedures via structure clinical record forms enabled dermatology departments to maintain high levels of clinical governance in difficult situations.

Q: What do you think the future of dermatology holds beyond the pandemic and into the future?

Neil: Dermatology is a hugely complex specialty and one that has a very large demand on it. So, it is a natural area for innovation to be built in to complement and improve patient experiences. I think the adoption of machine learning into patient pathways for skin cancer is the first area that can bring value. Beyond that, helping patients and clinicians to manage skin conditions and measure response to treatment over time for the inflammatory diseases would be a great area to build in innovation.

Piyush: Digital technologies such as teledermatology have seen a slow evolution and adoption over the past decade in the UK. Faced with the need for rapid change in workflows, our clients have been able to adapt their workflows on a department by department and resource basis. I think some of the remote teledermatology pathways will stick post pandemic; departments have seen the value in digital pathways and also the ability to obtain patient images directly from the patient provides significant value not only in initial diagnosis but in the continued management of patient's conditions.

'Black skin matters' by Olivia Cohen

The 2011 census highlighted that 80% of the population of England and Wales could be classified as 'White British'. Of the remaining 20%, approximately 12% of the population is made up of Asian, Black, Chinese, Arab and other minorities with ethnically diverse skin. There is a significant preponderance of images of white skin in teaching and learning resources in dermatology. With dermatology education already making up a relatively small proportion of undergraduate medical training, this means that a typical student may have only minimal opportunity to learn about dermatology in ethnically diverse skin, and much of their exposure relying on chance and factors such as ethnic diversity in their training location. It follows that most of us likely have a lot to learn about dermatology in ethnically diverse skin. Indeed, the 2011 Quality Standards for Dermatology stressed the need for services to have knowledge of the ways 'skin diseases manifest in and affect the skin of various ethnic groups differently', with 'expertise needed to assess and meet differing needs'. With this in mind, we have rounded up a few invaluable resources:

- DermNet NZ (www.dermnetnz.org) - Various topics 'In skin of colour' e.g. Dermatological Conditions, Melanoma, Laser therapy, Cutaneous Squamous Cell Carcinoma etc.
- Dermatology for skin of color (Taylor, Susan C. McGraw-Hill 2016)
- Skin of Color: a practical guide to dermatologic diagnosis and treatment (Alexis, Andrew F. Springer Science 2012)
- Pediatric Skin of Color (Silverberg, Nanette B. Springer 2015)
- Dermatology Atlas for Skin of Color (Jackson-Richards, D. Springer 2015)

- <https://www.visualdx.com/essential-dermatology/pigmented-skin>
- Skin of Color Society (www.skinofcolorsociety.org)
- Skin Of Color Virtual Update 2020 (www.skinofcolorupdate.com) - Virtual educational update on September 12th to continue education on the unique dermatological needs of Fitzpatrick III-IV skin types.
- Instagram @brownskinmatters

Introducing Meducation *by Aneeta Kumar*



2020 will be a year to remember! Amongst the news about COVID-19, there has been increasing discussion in the medical community about ethnic disparities in medicine. As recent graduates, we recognised that the current study resources for medical students fail to cater to the diverse population seen in clinical practice.

To address this, we created '**Meducation**' - a free, easily accessible website that depicts pathologies in multiple ethnicities! We started with dermatology, as skin manifestations form a significant part of every clinical examination. Images of common dermatological conditions are presented in various skin tones to aid students, not only with their OSCEs and exams, but also for their future patients!

Check out Meducation at meducationuk.wordpress.com!
You can also find us on Twitter and Instagram [@teammeducation](https://www.instagram.com/teammeducation)

Dates for your Diary

DermSchool 2020

1st September 2020

Virtual

The 12th Annual DermSchool will, for the first time, take place as a Virtual Meeting. It is a free meeting aimed at Foundation Doctors & Medical students with an interest in dermatology. It includes educational general and specialist dermatology teaching sessions. Moreover, there is the opportunity to present your poster and win a National dermatology prize!

For more information please visit: <https://www.bad.org.uk/events/annualmeeting/dermschool>

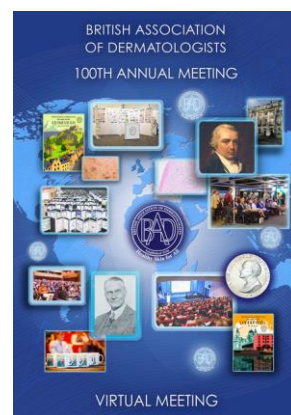
100th Annual BAD Meeting

1st September 2020

Virtual

This year represents the 100th Annual British Association of Dermatology (BAD) meeting. For the first time this event will be held on a virtual platform! The British Association for Sexual Health (BASHH) will be our guest society. Many interesting key speakers, special interest groups & hot topics await you.

Please register at <https://badannualmeeting.co.uk/registration/>



EADV Virtual Congress 2020

29th – 31st October 2020

Virtual Platform

The European Academy of Dermatology and Venerology brings together the brightest and most respected dermatology experts from around Europe and the world for a weekend of innovation and learning. This year the 29th EADV congress will also take place virtually. The calendar of events is yet to be released, but if you are keen on attending please keep an eye out on their website for when the registration will open: https://eadvvirtualcongress.org/?gclid=CjwKCAjwr7X4BRA4EiwAUXibt1GqOxIJ8hfSCHxwbQLTkPnm1KXAEu8GvqmqkOG-EwHSHBqJ36bhxhoCorkQAvD_BwE

This newsletter was compiled by the DermSoc National Committee: Dr Olivia Cohen, Miss Maria Charalambides, Dr Giulia Rinaldi, Mr Sami Raza and Dr Sara Selvendran, with special thanks to Dr Ketaki Bhate.

