Skin Diseases Get Misdiagnosed in Primary Care

BY ERIK L. GOODMAN
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NEW YORK — Many primary care physicians are evaluating skin disorders and often relying on general pathologists to make dermatologic diagnoses, which, according to Dr. Clay Cockerell, could be a recipe for disaster.

Non-dermatologists referring skin samples to general pathologists often look for “the blind leading the blind” and often leads to misdiagnosis and poor patient care, said Dr. Cockerell at the American Academy of Dermatology’s Academy 2007 meeting.

Dr. Cockerell, a dermatologist at the University of Texas Southwestern Medical Center, Dallas, said that only 35% of all skin biopsies come from dermatologists. On a day-to-day basis, dermatologists may do a lot more biopsies than their primary care counterparts, but in terms of sheer numbers, primary care physicians are doing vastly more. In addition, economic pressures may be pushing more primary care doctors to work up patients with skin diseases that, in the past, they would have referred to dermatologists.

There also is a shortage of dermatopathologists across the country. Dr. Cockerell said that the majority of young people entering the field are general pathologists looking to specialize. The problem is that many general pathologists think that all histologic diagnoses are interchangeable, and that what’s on the slide is all that matters, he said. However, one facet of dermatology that makes it different from many other specialties is that histologically, the same disorder can look very different, depending on the anatomic site involved. The skin on certain body parts, like the elbows, knees and breasts, or any acral skin, can look and behave quite differently from skin of the arms, legs, face, or trunk. Lesions in these sites often do not show the classic textbook histology for the given disease. This is the sort of specialization expertise that primary care physicians and general pathologists often lack.

He described two cases in which lack of dermatologic expertise on both sides of the slide led to an incorrect or delayed diagnosis.

The first case involved a 65-year-old woman who came to a family physician with a solitary skin lesion. The physician, thinking it might be a basal cell carcinoma, took a shave biopsy and sent it to the pathology lab. The pathologist noted epidermotropism, exocytosis with atypical lymphoid cells, and a “predominance of T cells,” leading to a diagnosis of “probable mycosis fungoides.”

The primary care physician informed the patient about this diagnosis, and she immediately hit the Internet to learn more. Not surprisingly, the information she found was extremely upsetting, and—wisely, as it turns out—she sought out a second opinion. Dr. Cockerell and his colleagues looked at the lesion, which was not at all suggestive of mycosis fungoides, and reassessed the histology. Their conclusion: benign lichenoid keratosis.

The second case involved a 16-year-old woman who had gone to a local primary care doctor for evaluation of a chronic, unresolving rash. The general pathologist who evaluated the histology came to a diagnosis of cutaneous lymphoma, which prompted a referral to an oncologist.

The woman underwent two courses of chemotherapy, which did seem to resolve the rashes immediately posttreatment. But they recurred shortly after each treatment, which struck the oncologist as atypical. The general pathologist disagreed, and the case went to a third party, the patient’s oncologist. The oncologist consulted additional state-of-the-art dermatology and was able to reach the diagnosis of benign lichenoid keratosis.

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DR. GREEN

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Amsterdam — Adoption of a diet rich in leafy green vegetables and the regular use of NSAIDs are evidence-based supplementary measures available to patients with prior skin cancer to reduce their risk of future episodes, Dr. Adele C. Green said at the 11th World Congress on Cancers of the Skin.

Diet and NSAIDs join regular daily sunscreen use as among the secondary prevention strategies that can be offered to patients being treated for skin cancer.

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