blisters-like lesions and reduction of the infiltration. This benefit, however, was merely transitory (3 months), and subsequent progression necessitated supracondylar amputation. Six months after surgery, there were no signs of the disease.

We present a case of malignant fibrous histiocytoma with a peculiar clinical presentation in the form of aggregated translucent papules containing mucin. The clinical condition mimicked a blistering disease, although the possibility of a lymphatic neoplasm or a disease involving deposition of amorphous acellular material such as mucin was also considered. We were unable to find cases with a similar presentation in the literature. Another peculiarity of our case is the extensive dermal involvement at onset, a finding which is relatively uncommon. Furthermore, as occurred with our case, errors in the initial histologic diagnosis are common. Therefore, a higher level of suspicion and deep incisional biopsy are necessary to rule out this tumor and to carry out a differential diagnosis with other entities that display mucin aggregation or similar histologic patterns (chronic lymphedema or stasis dermatitis).

References
between the sexes in priority visits were 20.4% of all first visits. Differences in overall demand for consultations between rural and urban populations revealed strongly significant differences in the rural population (28.8%) than in the urban population (19.7%). Other studies have described the urgent dermatology cases seen in the emergency departments of different hospitals, but the different emphasis of these studies does not allow for an accurate comparison of the results.

Comparison of rural and urban populations revealed strongly significant differences in overall demand for consultations; the differences were strongly significant ($\chi^2 = 372.516, P < .001$). A total of 20,350 new patients were seen, of whom 4150 were priority cases—20.4% of all first visits. Differences between the sexes in priority visits were statistically significant ($\chi^2 = 17.484, P < .001$): 21.8% of men and 19.4% of women. The mean age of the patients varied between 10% and 19% in other studies.\(^1\) We believe that the data are not comparable because those studies addressed dermatologic diseases treated in emergency departments rather than in dermatology clinics.

Another study, carried out in the Pamplona health care area, analyzed urgent referrals from primary care centers to dermatology departments.\(^2\) The most frequent diagnoses reported in that study were eczema, psoriasis, benign tumors, etc, results that are closer to those of our study.

It is interesting that diseases such as seborrheic keratosis, common warts, melanocytic nevi, seborrheic dermatitis, and acne are frequent among the priority patients in our study, even though these diseases only exceptionally require immediate treatment by a specialist. We believe that, although a considerable length of time has passed since the data in this study were collected, the results can contribute to drawing comparisons with studies that were carried out later and to evaluating trends in the results.

We must emphasize the need to train primary care physicians in the more common diseases and the need for a good model of consultation with the specialist.

**References**