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RESIDENT'S FORUM

Dermatologic Emergencies☆

RF- Las urgencias en dermatología

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The frequency of dermatologic emergencies varies considerably between studies, but it is estimated that up to 10 to 14 urgent consultations are seen each day in Spanish hospitals. Of these, approximately 40% are pediatric cases.[1,2] Although it is true that the majority of dermatologic diseases do not require immediate specialist care, the dermatologist is under increasing demand by the population, both for rapid diagnosis and for treatment, irrespective of the seriousness of the diagnosis. In a study published on this subject by colleagues in Hospital Ramón y Cajal in Madrid, Spain, it was found that only half of all urgent dermatologic consultations were justified: 95% of patients under 30 years of age came with no urgent pathology, versus 6% of patients aged over 65 years.[1]

However, it must not be forgotten that some patients with dermatologic diseases who come to an emergency department do so for skin changes that may be the first and only indication of a serious systemic disease.[3] When such manifestations develop, it is therefore important to suspect the diagnosis and to perform the appropriate investigations early, as the dermatologic diagnosis could be crucial to the life of the patient. This can be seen in certain paraneoplastic dermatoses, vasculitides, serious skin and soft-tissue infections, blistering diseases, severe toxic dermatitis, etc. (Fig. 1).

In addition, it must be noted that certain dermatologic diseases, while not being an immediate threat to the life of the patient, can give rise to visible lesions that may provoke great distress due to their extension and appearance, particularly in children. Also, lesions can often provoke intense pruritus,[4] a symptom that can be so severe as to be disabling.

Finally, it is important to take into account the large proportion of patients that erroneously uses the emergency consultation service for routine consultations because of the delay in obtaining specialist consultations due to the large care load. Here the role of the primary care physician

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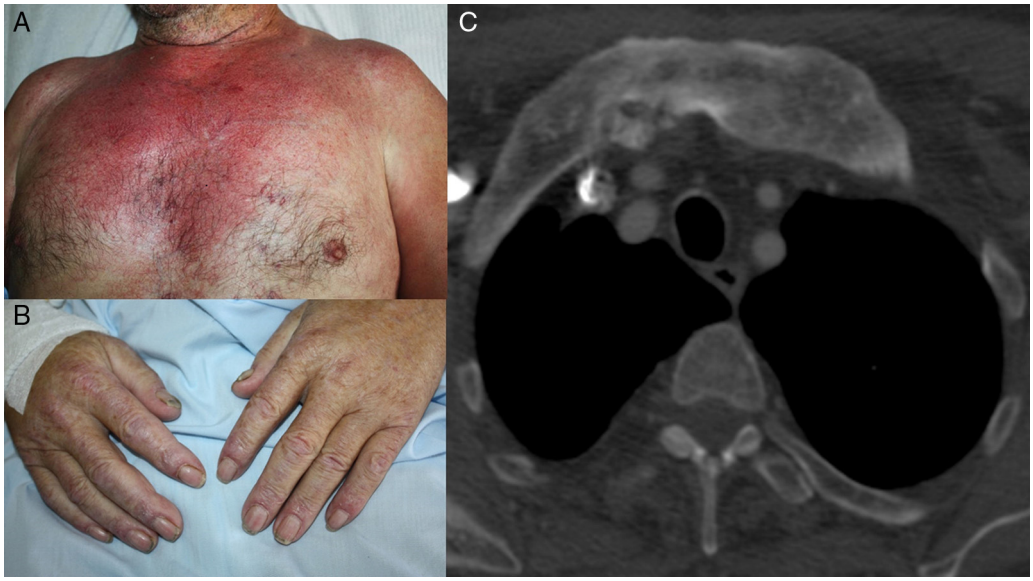

Figure 1 A and B, Skin lesions clinically compatible with dermatomyositis. C, As paraneoplastic dermatomyositis was suspected, a tumor-screening study was performed, which detected a resectable neoplastic lesion in the lung.

becomes essential to avoid overload, informing patients of the benign nature of certain lesions with an obvious diagnosis (such as seborrheic keratoses, solar lentigines and skin tags), which do not require specialist evaluation or treatment.[5]

For the general physician, dermatologic diseases seen in the emergency room can be highly complex for various reasons: the need for a diagnosis at the first observation of a lesion, the wide variety of diagnoses seen, and the fact that the relevance of a single type of dermatologic lesion can change according to the clinical context. In these situations, the emergency physician can only make nonspecific and descriptive diagnoses, and the patient may be inadequately evaluated.[2] In conclusion, we consider that on-call dermatology duties should be established in the majority of Spanish hospitals, especially in those hospitals with residents in training, or else protocols should be drawn up for urgent specialist referral from the general emergency department, for patients to be seen within a maximum of 24 to 48 hours. In this way, the dermatologist can make a more accurate diagnosis, avoid aggressive tests and treatments, take a diagnostic biopsy during the acute phase of diseases that evolve over a few days, schedule follow-up in dermatology outpatients more effectively, and avoid the admission to hospital of pathologic conditions that can be managed on an outpatient basis.

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