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R. Carrascosa,^{a,*} G.E. Solano-López,^a E. Vargas,^a
J. Fraga^b

^a *Servicio de Dermatología, Hospital Universitario La Princesa, Madrid, Spain*

^b *Servicio de Anatomía Patológica, Hospital Universitario La Princesa, Madrid, Spain*

* Corresponding author.

E-mail address: rachel170786@gmail.com (R. Carrascosa).

Results of a 2-Year Study of Outpatient Activity in the Dermatology Department of a University Hospital[☆]

Resultados de un estudio de la actividad realizada durante 2 años en consultas de dermatología de un hospital universitario

Dermatology is a medical-surgical specialty in which most of the day-to-day work is performed in outpatient clinics. However, the few studies that have recorded the activity of dermatology outpatient clinics^{1–3} only analyzed short periods.

Knowing which diseases consume the most resources facilitates decision making and the order in which decisions should be taken to improve outcomes in terms of health, efficiency, use of technology, and management of human resources.^{1,4}

Studies have recently been published on diseases managed in the emergency department^{5,6} in various Spanish hospitals. Data were obtained from sources other than the electronic clinical history (ECH) and without using controlled language. Studies on surgical activity based on the ECH have also been published.^{7,8}

We present the most relevant results of a registry of activity at the outpatient clinic of the Dermatology Department of Hospital Universitario de Fuenlabrada, Fuenlabrada, Spain in 2009 and 2010 (all activity takes place in the hospital). The data used in the study were obtained from a purpose-designed database retrieved from the ECH and with diagnoses adjusted to a local vocabulary created in December 2008 and based on the Systematized Nomenclature of Medicine, Clinical Terms. The local vocabulary list for diagnoses and treatments was created jointly with the hospital Coding Unit and enabled health problems to be combined for subsequent data analysis.

Between January 1, 2009 and December 31, 2010, we analyzed the number of visits per year, the number of visits per disease, the number of visits per patient and disease, and the number of procedures performed overall and for

individual diseases. A procedure was considered any class of activity provided by a health professional or by a health care organization for the benefit of the person receiving the care; therefore, phototherapy was included as a procedure.

The distribution by sex, the total number of contacts and procedures, and the number of procedures per disease were very similar during the study period.

The diseases for which most resources were consumed (number of visits per year) were psoriasis, acquired melanocytic nevus, and common warts. However, each new diagnosis of nevus generated few checkups, in contrast with psoriasis or warts, which generated a larger number of checkups. Psoriasis was the disease that generated the largest number of procedures, followed by common warts.

The data obtained in this study confirm that psoriasis consumes the most resources, since it is responsible for 1 in 10 visits to the dermatology department of our hospital, even though its incidence and prevalence are lower than those of other diseases, such as acquired melanocytic nevus, seborrheic and actinic keratosis, and acne.

We think that the health system could be streamlined by means of specific interventions against diseases that consume such a large quantity of resources owing to the number of visits and procedures, rather than to their severity or to the complaint itself.

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C. Martínez-Morán,^{a,*} S. Córdoba,^a R. Navalón,^b J. Borbujo^a

^a *Servicio de Dermatología, Hospital Universitario de Fuenlabrada, Madrid, Spain*

^b *Área de Gestión de Pacientes, Hospital Universitario de Fuenlabrada, Madrid, Spain*

*Corresponding author.

E-mail addresses: cmmoran@salud.madrid.org, crismmoran@hotmail.com (C. Martínez-Morán).

Bilateral Eyelid Swelling Associated With Acute Hypothyroidism[☆]

Edema palpebral bilateral asociado a crisis hipotiroidea

The eyelid is subject to considerable deformity owing to the particular laxity of the subcutaneous cellular tissue, which is caused by infiltration of the interstitial spaces. The degree of swelling can range from simple tumefaction of the ciliary margin to a considerable increase in periocular tissue volume, which in some cases can lead to narrowing, or even closure, of the palpebral fissure. Differential diagnosis of eyelid swelling is complex. It requires a meticulous physical examination and inclusion of both inflammatory and non-inflammatory causes. The main noninflammatory cause is acute hypothyroidism, as in the present case.¹

We describe the case of a 52-year-old woman who presented with a 1-week history of sudden-onset bilateral eyelid swelling that was neither painful nor pruriginous. Her personal history was remarkable for autoimmune hypothyroidism (Hashimoto thyroiditis) that first appeared 5 years previously and for which she was receiving hormone replacement therapy (levothyroxine 75 µg/d). She also had a 1-year history of autoimmune hepatitis, which was treated with prednisone (7.5 mg/d po), and hypertension, which was treated with enalapril (20 mg/d po). She attended our clinic with bilateral eyelid swelling that had begun 24 hours earlier. The patient had not ingested new drugs, experienced injury, received insect bites or stings, or applied cosmetic products to the area. Examination revealed soft bilateral edema that was more pronounced on the right side with discrete erythema and no crepitus, vesicles, or desquamation (Figs. 1 and 2). Her visual acuity and eye movement were unaltered, and she had no skin lesions at other sites. The results of a full laboratory workup were normal, although thyroid-stimulating hormone (TSH) was 50.3 mIU/L and free thyroxine was diminished (0.5 ng/dL). The dose of levothyroxine was increased considerably (500 µg/d), as was that of oral prednisone (15 mg/d), to reduce inflammation. Seven days after the first visit, her TSH level had fallen to 35 mIU/L, thyroid hormone levels had returned to normal, and the swelling had improved considerably. A week later, the skin



Figure 1 Eyelid swelling 24 hours after onset. The lesion was neither warm to the touch nor painful and was more pronounced on the right.



Figure 2 Bilateral palpebral swelling involving the nasal root 72 hours after onset.



Figure 3 Swelling resolved after improvement of acute hypothyroidism.

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