LETTER TO THE EDITOR

The invisible threat; Intrusiveness in dermatological practice

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Dear Editor, dermatology faces a growing and concerning challenge: intrusiveness.

Intrusiveness is defined as "The exercise of professional acts by someone who lacks the official or academic title that authorizes them to do so." "If accompanied by the attribution of the status of a professional that one lacks, it gives rise to the application of an aggravated type."[1]

Dermatology encompasses the diagnosis, treatment, and prevention of diseases of the skin, hair, nails, and mucous membranes.[2] These require profound knowledge and specific technical skills, acquired through years of study and practice in suitable educational and clinical environments.

Intrusiveness in dermatology presents various risks. Firstly, unqualified practitioners may incorrectly diagnose dermatological conditions, leading to inadequate or delayed treatments. This not only prolongs the patient's suffering but can also exacerbate the underlying problem. Additionally, incorrect dermatological procedures or those performed by unqualified personnel may result in complications, including infections, permanent scarring, and even irreversible damage to the skin, as well as an emotional impact on those affected.[3]

A case is presented of a 35-year-old female patient who visited an aesthetic center due to the presence of wart-like lesions on her hands; she was diagnosed with viral warts, and electrocoagulation of the lesions was performed.

Upon physical examination, ulcers were observed at the periungual area that compromised subcutaneous tissue and left bony structures exposed (FIG 1). The patient reported decreased mobility, paresthesia, and intense pain at the site of the procedure.

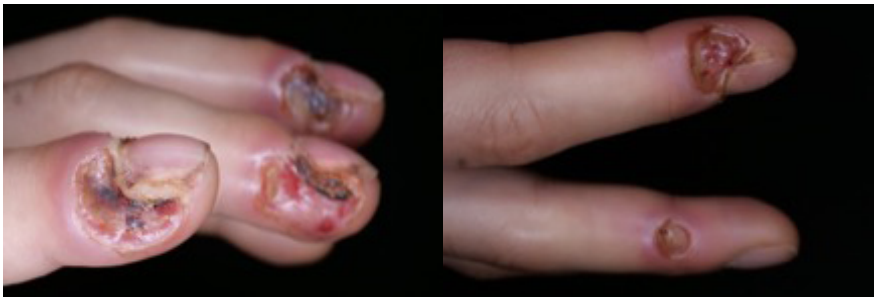

Figure 1.

Treatment was performed using a hydrocolloid patch, with weekly follow-ups to monitor mobility, sensitivity, and healing of the lesions for 15 days. After this period, abundant granulation tissue was observed, so the patches were discontinued, and topical therapy with a healing agent based on betasitosterol and Centella asiatica was initiated.

During the monthly follow-up, reconstitution of the epithelium of the lesions was noted, with post-inflammatory erythematous spots and persistent mild to moderate pain. Additionally, wart-like lesions were observed on the second and fifth fingers of the right hand, for which cryotherapy was recommended once complete healing of the lesions was achieved, along with appropriate pain management.

COMMENT

The proliferation of intrusiveness in dermatology can be attributed to several factors, including the lack of effective regulation in some areas, the easy access to unverified medical information online, the abuse of advertising on social media, and the growing demand for dermatological services due to aesthetic and health concerns.

To address this issue, it is crucial to strengthen the regulation and oversight of dermatological practices. Governments and health authorities must implement clear policies to ensure that only properly trained and licensed professionals can practice dermatology. Moreover, it is essential to raise public awareness about the risks of intrusiveness and educate patients to seek dermatological care only from reliable and certified sources.

In the case of our patient, fortunately, she did not present severe sequelae or functional limitations. However, it is important to emphasize that detailed knowledge of anatomy and the correct use of each treatment technique is fundamental to ensure the health and well-being of patients.

In conclusion, intrusiveness in dermatology represents a significant threat to public health and patient safety. It requires coordinated action by authorities, health professionals, and society as a whole to ensure that all individuals receive dermatological care of the highest possible quality and safety.

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