Editorial

TELEDERMATOLOGY DURING COVID OUTBREAK

Once the coronavirus outbreak started, and its harmful risks came to light, on-site appointments became virtually impossible. In the wake of this viral infection, inexperience and a feeling of inadequate protection led us to look for other options. Consequently, telemedicine, specifically teledermatology, became the ideal means to continue to evaluate our patients; especially during the first few months of the crisis. WhatsApp, as well as other platforms, came to our aid; and, for several months, they turned into our main patient care system.

As time went by, certain aspects of the aforementioned practice, whether it was through the employment of computers or cellphones, brought some inconvenients. There was more fatigue than with on-site appointments. Moreover, as compared to on-site evaluation, no screen provides with clear definition to appreciate lesions. Possibly, certain lesions, such as carcinomas or those which precise sharp visualization, would be difficult to evaluate on screen. As a consequence, diagnoses may be affected, along with academic aspects, and mistakes could be made. For example, melanomas or other similar lesions may not be diagnosed at all, and that could generate several kinds of complications. Therefore, many times, patients have been asked to attend an on-site consultation as soon as they are able to in order to conduct a proper examination.

It is undeniable that the aforementioned tools have been useful in cases where the diagnosis was evident and easy to make. Platforms and teledermatology were also advantageous for the follow-up of acne treatment or similar conditions. However, in my opinion, even those particular cases brought more fatigue due to extra hours of work, especially during the first months. Additionally, the use of masks made it difficult to breathe properly. Certainly, all these aspects turned days into exhausting marathons we all longed would end soon.

In addition, the treatment of numerous patients required on-site medical attention through surgery, phototherapy or similar procedures.

Personally, what weighed the most was the constant tension and mental drain I experienced after providing consultation through a small screen, along with the gathering of the medical history, according imaging and appropriate diagnosis. Additionally, there were countless personal and out-of-office calls, which would have never occurred with on-site appointments. These situations provoked emotional exhaustion; something I had never experienced with daily medical appointments. I thought it was just my experience. Nonetheless, I was surprised to observe there was an article featured in this

year's ***Spanish Actas Dermo-Sifiliográficas,***[1] which mentioned this particular subject, exposing a survey done to 128 dermatologists who engaged with WhatsApp and expressed a similar opinion to mine. The survey revealed that almost 1/3 of such consultations required in-person visits; 31% of the participant dermatologists recognized that this type of consultation negatively affected their emotional and mental state; 82,3% opted to stop providing them. Furthermore, I encountered a publication from Emil A. Tanghetti,[2] who agreed with my previous findings about diagnostic and therapeutic difficulties involving teleconsultations.

I believe such platforms represent a useful system. However, they ought to be organized. Therefore, I found the article ***A guide for teledermatology practice*** in Australia, published by ***The Australian College of Dermatologists*** this present year, to be interesting. Such article was presented in conjunction with several other Australian universities.[3] Its purpose was to optimize teledermatology and grant security for both the physician and patient during the evaluation, diagnosis and treatment process, along with protection for doctors in case any mistakes arose during teleconsultations with misdiagnoses due to unclear lesions. Nevertheless, I consider teledermatology to be a convenient tool for remote consultations, where the possibility of providing traditional in-person medical assistance is slight. Let's trust this mandatory experience will introduce proper guidance to achieve optimization, while we adhere to the thoughts of Aeschylus and Ramon Lull respectively: *"The force of necessity is irresistible"*; *"The greater the necessity, the greater the diligence."*

References

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2. Emil A. Tanghetti, MD How Does Telehealth Compare to the Traditional In-Person Visit in a Busy Dermatology Practice? The Dermatologist 2020;28 # 9.
3. LM Abbott, R Miller, M Janda, H Bennett, M Taylor, C Arnold, S Shumack, HP Soyer, LJ Caffery. Practice guidelines for teledermatology in Australia Australasian Journal of Dermatology (2020) 61, e293–e302.

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