

— Editorial

DOES THE INCIDENCE OF DERMATOSES CHANGE FREQUENTLY OVER TIME?

We have observed with interest that, in recent years, certain skin diseases once regarded as almost historical have returned to the forefront, sometimes with unexpected force. The traditional conditions that commonly dominate the pages of dermatological publications—such as psoriasis, atopic dermatitis, acne, rosacea, melasma, vitiligo, and tumors including melanoma, basal cell carcinoma, and squamous cell carcinoma—are increasingly sharing the spotlight with a growing number of publications on conditions such as syphilis, hidradenitis suppurativa, and scabies, all of which are currently showing a sustained rise.

One of the most memorable quotations about change and the passage of time is attributed to *John F. Kennedy*, who said: *“Change is the law of life. And those who look only to the past or present are certain to miss the future.”* Indeed, if we fail to recognize that these re-emerging or newly prominent diseases are becoming increasingly prevalent, and that we therefore need to study them anew, we risk falling behind in the fight against these conditions.

The statistics are clear. Organizations such as the **Pan American Health Organization (PAHO)** and the **European Centre for Disease Prevention and Control (ECDC)** report that cases of syphilis have doubled over the past decade. This trend also carries the very real risk of a resurgence in congenital syphilis, particularly when adequate prenatal screening and follow-up are lacking.

Many of us no longer encounter primary syphilis as frequently and, consequently, rarely see chancres. Whatever the underlying reasons—whether inappropriate treatment, delayed or incorrect diagnosis, or other factors—what we are increasingly seeing are cases of secondary syphilis. Yet many younger physicians have limited experience with the remarkable clinical polymorphism that characterizes this stage of the disease.

Scabies, for its part, gained particular relevance during the COVID-19 pandemic. Lockdowns and prolonged, unavoidable close contact, often among people living in confined spaces, facilitated skin-to-skin transmission of the mite *Sarcoptes scabiei*. Today, many countries report a high incidence of scabies, including an increase in its crusted form. In addition, the reduced effectiveness of some traditional treatments, delays in diagnosis among patients presenting with chronic pruritus—particularly nocturnal pruritus—and the masking of the disease through excessive hygiene or the use of topical corticosteroids may transform the classic presentation into scabies incognito, which can sometimes be difficult to recognize.

Finally, incomplete instructions regarding treatment and measures to prevent reinfestation may also contribute to the persistence and increasing frequency of this condition in many countries.

In the case of hidradenitis suppurativa, a disease recognized since 1886, the growing body of scientific research has led to the discovery of new therapeutic molecules and inhibitors, including biologic agents. Such treatments are particularly important for a disease that can leave profound physical and psychosocial scars, especially in very young patients. These therapeutic advances and the renewed scientific interest surrounding them have undoubtedly contributed to the increasing number of publications on this condition.

Should we change, then? Yes. But change does not mean studying only what is new. We must also revisit what is old—old because of its history, yet new to many because of unfamiliarity. We are therefore compelled to re-examine these diseases and rediscover the lessons they have to teach us, honoring the wisdom expressed in the words of distinguished thinkers. And we should not forget the words attributed to *Isaac Asimov*: “*The only constant in the universe is change.*” We, too, must be part of that change.

Dr. Enrique Úraga P.