



## DERMATOLOGY ECHO: A CASE REPORT DEMONSTRATING BENEFITS OF SPECIALTY TELEMENTORING IN PRIMARY CARE

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<u>Background</u>	<u>Case Presentation</u>	<u>Methods</u>	<u>Timeline of Events</u>						
Allergic contact dermatitis     (ACD) affects 15-20% of the     general population      Enidomiological oxidence	To illustrate patient suffering from worsening ACD diagnosis, we analyzed the case of a 19-year-old female patient with a 9-month history of worsening rash	Dermatology Extension for Community Healthcare Outcomes	i Visit i	Time elapsed (post surgery)	Reason	Procedures performed	Findings	Medication Prescribed	Physician visited
			1	N/A	Appendectomy	Laparoscopic appendectomy	Early acute appendicitis		Surgeon
			2	2 weeks	Onset of rash				None-patient reported date of onset
Epidemiological evidence indicates that the incidence of	following laparoscopic surgery (Figure 2)		3	6 weeks	Surgery follow-up		Umbilical lesion draining serous fluid	Umbilical lesion treated with silver nitrate	Surgeon
ACD is increasing steadily	<ul> <li>The patient from rural and underserved area did not have adequate access to specialty dermatologic care</li> <li>The patient underwent multiple treatments and procedures</li> </ul>		4	8 weeks	Worsening drainage from umbilicus and spreading rash		Umbilical lesion larger and still draining, satellite lesions noted	Clarithromycin 250mg q12h for suspected impetigo	Surgeon
<ul> <li>Although common, ACD is difficult to diagnose since it can present with many clinical variations</li> <li>Patients without timely and quality access to specialty care may suffer longer from treatable conditions, such as ACD</li> </ul>			5	12 weeks	Continued presence and drainage of umbilical and satellite lesions	Wound culture	No change in rash, wound		Surgeon
			6	13 weeks	Follow-up. Patient notes no changes		Rash and umbilical lesion persist	Acyclovir 800mg q12h	PCP
			7	17 weeks	Pruritic rash on arms, legs, and abdomen		Unchanged erythematous vesicular rash. Referred back to general surgeon for umbilical biopsy	creamone	PCP
			8	21 weeks	Patient was scheduled for umbilical biopsy, but procedure was cancelled				Surgeon
			9	28 weeks	Referred to SkinCare clinic	Shave biopsy	Biopsy most consistent with allergic contact dermatitis. Patient presented to MU ECHO on 3/24/17	Triamcinolone topical 0.5% cream	SkinCare PCP
			10	30 weeks	Follow-up		Rash 90% improved overall. Scabbing on lower extremities.	Continue Triamcinolone for 2-3 more weeks	SkinCare PCP
<ul> <li>Findings</li> <li>The Dermatology ECHO hub</li> </ul>	After receiving appropriate diagnosis and treatment, the patient's	sis and treatment, the patient's	11	34 weeks	Umbilical lesion still draining serous fluid		Extremities healed. Thickened/fibrotic skin on superior umbilicus - serous drainage present	Clobetasol 0.05% topical ointment	SkinCare PCP
team suggested the allergic contact dermatitis with Id reaction	condition improved significantly (Figure 3)		Figure 2: Timeline of events prior to Dermatology ECHO presentation						
(autoeczematization) diagnosis	Timely access to quality care may not be		<u>Contact</u>						

 Participating PCP was advised to perform shave biopsy and to prescribe topical steroid cream and stop all other topical

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Shave biopsy revealed
 eosinophilic spongiosis with
 superimposed prurigo
 nodularis changes

possible for patients living in rural and underserved areas. However, a telementoring platform such as Dermatology ECHO increases selfefficacy, knowledge, and capacity of PCPs to provide diagnosis and immediate treatment that may reduce patient suffering and improve health outcomes



Figure 3: Umbilicus 3 months after correct diagnosis

For questions and a list of references, please contact: Ryan Ladd, <a href="mailto:rtlb6f@health.missouri.edu">rtlb6f@health.missouri.edu</a> or (573) 275-2733

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