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# The Impact of a Dermatology Department on Basal Cell Carcinoma Diagnoses

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## The Impact of a Dermatology Department on Basal Cell Carcinoma Diagnoses

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**Mentor:** Ashley Wysong

**Program:** Dermatology

**Type:** Original Research

**Background:** Basal cell carcinoma (BCC) accounts for approximately 4.3 million cases annually in the U.S., more common than any other cancer. The emergence of Mohs micrographic surgery as a treatment modality has had a profound impact on the way BCC is managed. Previous reports have studied the cost effectiveness of Mohs micrographic surgery in comparison to surgical excision and outpatient versus operating room setting. The objective of this study was to evaluate

trends in management of BCC before and after the initiation of a department of dermatology at our large academic medical center.

**Methods:** Cases of BCC, identified with ICD-9 and ICD-10 codes, from July 1st, 2013, (fiscal year (FY) 2013) to January 2020 were obtained via retrospective chart review. Variables collected included number of cases, service line, location (inpatient, outpatient), charges, costs, and expense net revenue, among others.

**Results:** The average number of cases per year from FY13-FY18 and FY19-FY20

increased. There were differences in charges per case, expense net revenue per case, percent managed outpatient versus inpatient (ambulatory versus main operating room), and service managing.

**Conclusion:** The addition of a department of dermatology at UNMC has significantly increased the total number of BCCs diagnosed and managed annually. Mohs micrographic surgery allows for complete margin assessment and is done in the outpatient setting, serving as a shift in management from surgical excision used more often in the operating room setting. ■

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## Urology Medical Education: A Decade Later

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**Mentor:** Christopher Diebert

**Program:** Surgery, Division of Urologic Surgery

**Type:** Original Research

**Background:** Urological education for medical students is critical as we face a growing geriatric population with increasing urological needs. The past decade has seen many schools overhaul their medical curriculum and changes that impacts the quality of urological education. Urology medical student education was first examined in 2006 and then reevaluated in 2014.

**Methods:** We emailed all 164 listed urology program coordinators in the AUA residency

program directory to ask them to fill out an IRB approved 22 question survey in order to further examine the current status of urologic education in US allopathic schools.

**Results:** In total, 33/136 (24%) program directors responded with 84% stating that medical students receive formal exposure to urology through either lectures or clinical rotations. The average lecture hours spent during pre-clinical urology topics is 5 hours. 56% replied their school has a formal core curriculum for their clinical clerkship, with 70% based off the AUA national core curriculum. 100% offered a clinical rotation in urology. Research opportunities are available at 90% of programs. 55% report urology exposure remains stable compared to five

years ago. 27% think it has decreased, while 13% note increased interest. Urology student groups have increased from 29% of schools to 90%. 90% agree that students can graduate without Urology clinical exposure and 72% think urology education is inadequate.

**Conclusion:** More effort is needed so that students are exposed and ready to deal with the aging population. Possible solutions are increased push for pre-clinical education, visibility of AUA student education, and marketing of urology as a specialty. ■

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## Epidural Steroid Injection for Cervical Radiculopathy Preceding a New Diagnosis of Multiple Sclerosis

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<sup>1</sup>University of Nebraska Medical Center, Department of Anesthesiology

**Mentor:** Michael Lankhorst

**Program:** Anesthesiology

**Type:** Case Report

**Background:** Epidural steroid injections treat chronic spine pain and radiculitis. Commonly cited risks include hematoma, spinal cord trauma, abscess, unintentional dural puncture, and spinal cord ischemia. To our knowledge, there have been no previous case reports of an exacerbation of MS following an epidural injection of plain steroids. We present a

patient with no previous history of MS who, despite presenting with classic symptoms of cervical radiculopathy and correlative imaging, was subsequently diagnosed with MS after treatment with a cervical epidural steroid injection (CESI).

**Methods:** Patient informed consent was obtained for this case report.

**Case Report:** A 40-year-old male was referred with dull neck pain and associated right upper extremity numbness in a C6

dermatomal pattern. Cervical spine MRI was consistent with a diagnosis of cervical spondylosis with radiculopathy and he then underwent CESI at the C6-7 level. Within 48 hours his pain resolved but he developed pathologic upper and lower motor neuron signs. MRI revealed active spinal cord demyelination (Figure 1) and new brain lesions. He was subsequently diagnosed with MS.

**Discussion:** Although we saw a temporal relationship between the CESI and the