

Dermatology during times of social distancing

The current emergency situation requires to limit contacts among persons as much as possible, in order to avoid potential sources of infection. Almost all European Countries have adopted a certain degree of limitation of social interaction but also of restriction of many (if not all) not necessary activities.

In times of social distancing dermatology surfs the web!

Dermatology can benefit from technological innovation by managing the visits from the distance via an online interaction between doctors and patients.

This is the core of teledermatology that in these times can be of great help to continue offering dermatological consultation to those who need it.

Teledermatology (TD) is traditionally divided into primary, secondary and tertiary TD. In primary TD the doctor interacts directly with the patient; in the secondary TD the interaction is mediated by the GP; tertiary TD is a way of communication and consultation among doctors. In all cases, regarding the delivery modalities we can have a store and forward (SAF) modality (patient information such as a photograph, historical and background information is sent online as digital files to a clinician who reviews the data hours or days later); a real time interaction or a hybrid (a combination of both).

Primary and tertiary TD are particularly suitable nowadays.

Many countries have already a regulation and all the facilities needed for an “official” teledermatology consultation. However, still in many centres a specific regulation and a dedicated web platform are missing. In the latter situation, it becomes more difficult for the doctors to find the way to ensure to the patients the ideal privacy and ethical requirements for the shared data, and also (not secondary) to receive the adequate compensation for the service offered.

If not already available, this is the time to organise a teledermatology service in your working place. It requires basically a computer/tablet/smartphone with a connection to a webcam and a microphone; internet access; and a web platform for the data exchange (developed in accordance to the privacy regulation).

Both acute and chronic diseases can be managed via teledermatology; however, since there is no possibility to obtain a teledermoscopic consultation, lesions suspected to be skin cancer should be managed preferentially via face to face consultation.