Consequences of Misdiagnosed Lower Extremity Cellulitis

Cellulitis is a common bacterial skin infection, but many patients with “pseudocellulitis” (eg, venous stasis dermatitis, lymphedema, and contact dermatitis) are given empirical antibiotics and are hospitalized, leading to potential waste and antibiotic overuse. In this cross-sectional study, Weng et al demonstrate that of 259 patients, 79 (30.5%) were misdiagnosed with cellulitis, and 52 of these were admitted primarily for the treatment of cellulitis. Of these 52 patients, 44 (84.6%) did not require hospitalization, and 48 (92.3%) received unnecessary antibiotics. These data provide a call to arms for improving the care of patients with suspected lower extremity cellulitis.

Cost-effectiveness of Skin Cancer Screening

Epidemiological studies show alarming global increases in melanoma and nonmelanoma skin cancer incidence. Despite the health burden and an understanding that early detection can lead to better cure rates and cost reductions, few studies have assessed the effectiveness of secondary prevention strategies. In this Markov model and budget effect analysis, Pil et al demonstrate that a 1-time total body skin examination in the general adult population, 18 years or older, with screening for both melanoma and nonmelanoma skin cancers, is the most cost-effective strategy. Skin cancer mortality reduction of 5.6% was projected, with cost-effectiveness higher among women than men.

Ex Vivo Dermoscopy With Derm Dotting

Most pathology laboratories process skin biopsy specimens without access to clinical images. Focal areas of a pigmented lesion noted by dermoscopy may prompt the diagnostic excision of lesions, yet only 2% of the submitted specimens may be examined pathologically. Ex vivo dermoscopy (EVD) with derm dotting (DD) may guide tissue sectioning by marking focal areas of suspicion. In this retrospective study, Haspeslagh et al demonstrate that EVD and DD with adapted sectioning allowed a more accurate and less time-consuming histopathologic diagnosis of skin tumors. Dermatopathologists trained in dermoscopy may replace random transverse cutting with lesion-specific and DD-guided cutting.

Epidermal Nerve Fiber Quantification in Erythromelalgia

Erythromelalgia diagnosis is based on clinical findings of intermittent warmth, erythema, and pain in the distal extremities. Although other painful conditions of the distal extremities can be evaluated with skin biopsy to visualize pathologically decreased epidermal nerve fiber density (ENFD), Mantyh et al demonstrate that ENFD in erythromelalgia was decreased in fewer than 10% of cases. Functional nerve testing of these small nerve fibers (ie, sweating, heat pain testing at the distal foot, blood pressure, and heart rate) may more reliably identify erythromelalgia.

Poor Sun Protection and Cancer Screening Among Indoor Tanners

Indoor tanning is prevalent among young adults and women and is associated with increased risk of melanoma. The degree to which indoor tanners may be inclined to adopt poor photoprotective practices that further increase their risk of skin cancer remains unclear. In this cross-sectional study using data from the US 2015 National Health Interview Survey, Fischer et al demonstrate that young adults who frequently tanned indoors were concurrently significantly more likely to sunburn, avoid sun protection, and avoid skin cancer screening. This worrisome risk factor profile suggests that indoor tanners may benefit from an active approach to sun protection and skin cancer screening.