Welcome to the IDS Newsletter!

In my role as president of the International Dermoscopy Society it is my responsibility and pleasure to write a few words about this inaugural newsletter. The idea was recently born by Iris Zalaudek and a small group of friends at the General Assembly of the Society in San Antonio during the AAD meeting in February. Iris has since been invited to realize this idea and to take charge as the first editor-in-chief of this quarterly publication.

The aim of the newsletter is to share news and data about the society and society-related activities with the members and other colleagues interested in the art and science of dermoscopy. In addition, each publication will present an interesting dermoscopic case of the quarter as well as abstracts of recent publications on the selected theme.

Remarkably, 33 publications on dermoscopy have already been published this year. Therefore, we thought that the IDS members would appreciate reading a few selected abstracts plus a commentary provided by an expert in the field.

It would be most certainly appreciated if you forward this newsletter to friends or colleagues all over the world who are interested in the fascinating universe of dermoscopy and invite them to join our Society.

Finally, please be good enough to let us know your comments and provide your feedback as this newsletter is intended to be a dynamic avenue for the International Dermoscopy Society.

In this spirit, I hope you find this first edition stimulating reading.

H. Peter Soyer, MD, FACP
President International Dermoscopy Society
Chair | Dermatology Group
The University of Queensland
Brisbane, Australia
p.soyer@uq.edu.au

Notes by the Editor

We are happy to launch the first IDS Newsletter that aims to provide space for all IDS members to send their own cases or to express their opinion about the IDS and dermoscopy in general.

The IDS Newsletter will be published 4 times a year and will give updates about the activities of the IDS including official meetings and recent publications in the field of dermoscopy.

Finally, we are excited to announce the 2nd World Congress of the IDS to be held in Barcelona, Spain, on November 12-14, 2009.

We look forward to receiving your feedback because the IDS Newsletter will be based on the contribution of all of us!

-Iris Zalaudek-
Editor-in-chief

SAFE THE DATE!!!

2nd congress
of the international dermoscopy society

12-14 November 2009
Barcelona, Spain
Hotel Fira Palace
IDS MEMBERS: April 2008
Our membership is worldwide. Currently 2831 members from 107 different countries are represented. 28 countries are represented by more than 15 members.

NUMBER OF PUBLICATIONS in PubMed in the year 2008:
January: 8
February: 6
March: 6
April: 13
Total: 33 publications
Search words: dermoscopy AND 2008

Meetings
17th September 2008: Sub-Specialty Meeting - EADV Congress in Paris: Title: dermoscopy update (preliminary program)

1. Giuseppe Argenziano (Italy): IDS studies update
2. Ralph Braun (Switzerland): The furrow ink test for the diagnosis of acral melanoma
3. Harald Kittler (Austria): Pattern analysis revisited and revised.
4. Rainer Hofmann-Wellenhof (Austria): Dermoscopic patterns of nevi on the scalp
5. Josep Malvehy (Spain): Development of a combined algorithm dermoscopy/confocal microscopy for the management of cutaneous tumors
7. Ketty Peris (Italy): Dermoscopic features of basal cell carcinoma: morphologic variability and interobserver agreement on dermoscopic patterns and diagnosis.
10. Stefania Seidenari (Italy): Dermoscopy of in situ melanomas.
11. H. Peter Soyer (Australia): The impact of clinical information in the histopathologic diagnosis of melanocytic skin neoplasms
12. Wilhelm Stolz (Germany): Lentigo penis. A hypothesis for pathogenesis
13. Luc Thomas (France): Dermoscopy of fully regressive melanoma
14. Pedro Zaballos (Spain): The thousand faces of dermatofibromas
15. Iris Zalaudek (Austria): 3 roots of melanoma
The Case of the Quarter

Are you interested in publishing one of your cases in the IDS Newsletter? Do you wish to comment on some topics recently published in the field of dermoscopy? The section of the Case of the Quarter is dedicated to special cases provided by members of the IDS. If you are interested in publishing your case, please contact the Editor-in-chief (iris.zalaudek@gmail.com).

Case related literature


Summary:

The authors report on a 32-year-old woman who had noticed a new pigmentation on her left areola. Clinically the lesion appeared as an asymmetric macular tumor with irregular borders, light and dark brown colors, and a size of 25 x 28 mm.

Dermoscopy revealed a homogenously light to dark brown, partly slate gray color and cobblestone pattern as well as slightly narrow parallel lines. Because of this dermoscopic pattern no malignancy was assumed, but the lesion was totally excised.

Histopathologic examination showed a melanosis of the areola.

Age: 18 years
Sex: male
Location: mamilla, side not specified.

History: The mother noticed a pigmented lesion on the left nipple of her young son. He couldn’t inform when the lesion has appeared.

Question: A compound nevus of the nipple. Not a melanosis or a melanoma.

Answers:

Pyne John (2/18/2008): Interesting case and good resolution. Agree, melanocytic. Not frequently seen enough in this location for pattern recognition. At this age, benign. Also at this age, the Histopathologists may have difficulty assessing this as potentially malignant because benign things in this age group can often have a more sinister look on histology.

Drjivec Irdina (2/18/2008): Agree with you Gabriella.

Muir James (2/18/2008): Very unusual! Never seen one on the ‘bullseye’ so to speak. This would make me nervous [admittedly not hard]. Having said that I agree it is most likely benign. The big reason being that accurate clinical/dermoscopic analysis is rendered impossible by the geography of the area. I’d be sorely tempted to have it removed as I suspect that it will be eventually anyway especially if it continues to change. Nipples in men are after all useless. I only use mine to store my spare ear, nose and ‘other’ rings.

Campos do Carmo Gabriella (2/25/2008): Thanks all for your comments. The histopathology report of the lesion confirmed a compound nevus, without atypical changes. Before the dermoscopy, the mother had looked for eight dermatologists, all had said the lesion was a melanoma and they were programming a mutilated surgery.
Selected Abstracts

Lipoff JB, Scope A, Dusza SW, Marghoob AA, Oliveria SA, Halpern AC. Complex global dermoscopic pattern was defined in naevi of patients and 150 naevi of controls was completed. Complex global dermoscopic pattern was observed more frequently in melanoma patients than controls. CONCLUSION: The most common pattern associated with dermatofibroma is the classic dermoscopic pattern (pigment network and central white patch), but this tumor has a wide range of presentations.


OBJECTIVE: To determine the time required to perform a complete skin examination (CSE) as a means of opportunistic screening for skin cancer both without and with dermoscopy. DESIGN: Randomized, prospective multicenter study. SETTING: Eight referral pigmented lesion clinics. Patients From June 2006 to January 2007, 1359 patients with at least 1 melanocytic or nonmelanocytic skin lesion were randomly selected to receive a CSE without dermoscopy or CSE with dermoscopy. For each patient, the total number of lesions and the duration of the CSE were recorded. A total of 1328 patients were eligible for analysis (31 were excluded because of missing data). MAIN OUTCOME MEASURES: The median time (measured in seconds) needed for CSE with and without dermoscopy and according to total cutaneous lesion count.

RESULTS: The median time needed for CSE without dermoscopy was 70 seconds and with dermoscopy was 142 seconds, a significant difference of 72 seconds (P < .001). The use of dermoscopy increased the duration of CSE, and this increase was in direct proportion to the patient's total lesion count. In contrast, the time required to perform a CSE without dermoscopy remained the same irrespective of whether the patients had few or many lesions.

CONCLUSIONS: A CSE aided by dermoscopy takes significantly longer than a CSE without dermoscopy. However, a thorough CSE, with or without dermoscopy, requires less than 3 minutes, which is a reasonable amount of added time to potentially prevent the morbidity and mortality associated with skin cancer.

Representatives

H. Peters Soyer
Professor of Dermatology at the University of Queensland in Brisbane/Australia. Dr. Soyer is President of the International Dermoscopy Society.

Giuseppe Argenziano
Professor of Dermatology at the Department of Dermatology, Second University of Naples, in Naples/Italy. Dr. Argenziano is Secretary of the International Dermoscopy Society.

Jim Muir
Visiting dermatologist to the Mater Hospital, South Brisbane. Dermatologist for ‘Tele-Derm, National’, Censor for the Australasian College of Dermatology. Dr. Muir is Moderator of the Members area of the IDS.

Rainer Hofmann-Wellenhof
Professor of Dermatology in the Department of Dermatology, Medical University of Graz, in Graz/Austria. Dr. Hofmann-Wellenhof is the Archives Manager and the treasurer of the International Dermoscopy Society.

Irish Zalaudek
Professor at the Department of Dermatology, Medical University of Graz/Austria. Dr. Zalaudek is Moderator of the Members area and Editor-in-chief of the Newsletter of the International Dermoscopy Society. Email: irish.zalaudek@gmail.com

Elvira Moscarella
Dermatologist at the Department of Dermatology of the Second University of Naples, Italy. Dr. Moscarella is Assistant editor of the Newsletter of the International Dermoscopy Society.