Experience in Dermoscopy/Dermatoscopy
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Background

Within the past two decades an exponential number of publications have emerged on the topic of dermatoscopy/dermatoscopy[1]. The diagnostic technique, however, has fundamentally changed the way pigmented and non-pigmentd lesions are evaluated by dermatologists, as it offers a more methodical and disciplined approach to evaluate them[2]. Despite of the planetary diffusion of dermoscopy/dermatoscopy, dermatoscopists' experience is not precisely quantified and only one study proposed an algorithm[3], but only relative to pigmented basal cell carcinoma.

Aim

This study wants to perform a new algorithm to quantify dermoscopists'/dermatoscopists' experience in all pigmented and non pigmented lesions, in order to set a measuring tool of experience and feasibility of dermatologists operating in dermatoscopy/dermoscopy.

Materials and Methods

We selected randomly 70 dermoscopic/dermatoscopic images of pigmented and non-pigmented lesions from the database of Clinical Hospital of Barcelona, obtained by polarized dermoscopy/dermatoscopy.

These images converted in the same image format, JPEG with a resolution minimum of 300 dpi, will be made available to IDS members to evaluate dermoscopic/dermatoscopic clues. We will use only clues where a codified translation from metaphoric to morphological language is described and approved during the 3rd Consensus Conference of the International Society of Dermoscopy/Dermatoscopy[4]. All participants to our study at the beginning will have to answer to following 5 preliminary questions.

Step I: >10 years experience in dermatoscopy/dermoscopy: yes (5 points) vs NO (0 points);

Step II: Average number of patients dermoscopically/dermatoscopically examined in 1 day: 0 (0 points), 1-3 (1point), 4-6 (2 points), 7-10 (3 points), >10 (4 points);

Step III: Studies written about dermoscopy/dermatoscopy during the last year: yes (1 point) vs No (0 points);

Step IV: total number of studies written about dermatoscopy/dermoscopy: 0 (0 points), 1-2 (1 point), >2 (2 points);

Step V: Number of attended dermoscopic congresses (audience or speaker) during the last year: 0 (0 points), 1-2 (1 point), 3-5 (2 points), >5 (3 points).

Then they could choose the descriptive dermatoscopic/dermoscopic language they prefer (metaphorical or descriptive), and only now they will start to assess the previously mentioned dermatoscopic/dermoscopic images by the proposed items, namely Pattern, Network, Mixed dermoscopic features and Vessels, and finally the diagnosis. Each items have pre-selected answers.

Results

Basing from the total points acquired by participants from experience and from the lesions description we will stratify point categories and then we will set categories of experience.

Limitations

The possible limitation of the study could be the lack of adherence from participants.

Conclusions

To the best of our knowledge this is the first study centered on the experience in dermatoscopy/dermoscopy for pigmented and non-pigmented lesions. This algorithm may be a useful tool also to examine dermoscopic/dermatoscopic studies in a critical sense, such as during a meta-analyses or Cochrane reviews, adding an additional and interesting evaluation parameter.

References
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