Dermatology for Lawyers

Dr John English
Nottingham NHS Treatment Centre
john.english@nhs.net

Dermatological NHS Litigation

<table>
<thead>
<tr>
<th>Treatment</th>
<th>No. of cases</th>
<th>Successful claims</th>
<th>Total payout</th>
<th>Average payout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanoma and NMSCa*</td>
<td>131</td>
<td>60%</td>
<td>£9,884,612</td>
<td>£43,275</td>
</tr>
<tr>
<td>Cryotherapy*</td>
<td>5</td>
<td>75%</td>
<td>£279,120</td>
<td>£55,820</td>
</tr>
<tr>
<td>Phototherapy*</td>
<td>6</td>
<td>100%</td>
<td>£75,649</td>
<td>£12,608</td>
</tr>
<tr>
<td>Methotrexate*</td>
<td>2</td>
<td>100%</td>
<td>£152,610</td>
<td>£76,305</td>
</tr>
<tr>
<td>Isotretinoin*</td>
<td>2</td>
<td>50%</td>
<td>£23,000</td>
<td>£23,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>149</strong></td>
<td></td>
<td><strong>£3,307,980</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Includes payments already made for one open case. bExcludes payments already made for one open case.
Dermatology for Lawyers

- Eczema/dermatitis
- Psoriasis
- Acne
- Skin tumours
  - benign
  - malignant
- Other inflammatory skin conditions
- Probably over 2000 different skin conditions!

Causes of Dermatitis

- Irritants
- Allergens
- Infection

Constitutional factors
Risk Factors for ICD

- Atopy
- Filaggrin polymorphisms


Filaggrin polymorphisms
Irritant Contact Dermatitis

- Direct toxic effect on the skin
- Skin barrier function breakdown
- Inflammation leading to dermatitis
- Perhaps facilitates allergic contact sensitisation?
Causes of ICD

- Water/wet work
- Occlusive gloves
- Detergents
- Solvents
- Metal working fluids
- Dust
- Friction
- Low humidity.

Threshold for ICD

A series of sequential clinical episodes of varying degree of severity, leading inevitably to dermatitis. Often the patient does not link the earlier exposures with the dermatitis.
Irritant Contact Dermatitis

- Mild cases – very common
- Severe cases – uncommon
- Why is the prognosis sometimes so poor?

Allergic Contact Dermatitis

- Delayed cell mediated hypersensitivity
- Elicitation results in dermatitis.
Why does dermatitis occur?

• lack of awareness
• complacency
• poor working practices.

ACD v ICD

• ACD exposure elimination
• ICD exposure reduction.
Contact Urticaria

- Immunological - type 1 hypersensitivity
- Irritant - direct chemical irritation.

Prevalence – latex allergy
Signs & Symptoms of NRL Allergy

- Itch
- Redness
- Rash
- Urticaria
- Asthma
- Hypotension
- Anaphylaxis.

![Graph showing percentage positive latex prick tests in medical/nursing staff with hand dermatitis 1996-2003](image1)

![Graph showing percentage positive NRL skin prick tests in Non-Hospital workers 1996-2003](image2)
Causes of Psoriasis

• Genetic predisposition
• Stress
• Infections
• Unknown
• UV light therapy
  – Narrow band UVB
  – PUVA
• Methotrexate etc.

Cryotherapy for viral warts
Acne

- Very common
- Infancy, puberty and beyond
- Increased sebum excretion and blocked pores
- Comedones, pustules, nodules & cysts
- Treatment is to control the acne and prevent scarring
- Topical, oral antibiotics
- Oral isotretinoin.

Isotretinoin

- Roaccutane, Accutane
- Over 30 years of experience of this drug
- Therapeutic dose is the same as its toxic dose
- Dry skin, tiredness, muscle aches and pains and even mood changes.
- Teratogenic like Thalidomide
- Careful monitoring and pregnancy prevention programme.
Chloracne

- polychlorinated biphenyls (PCBs)
- chloronaphthalenes
- 2,3,7,8-tetrachlorodibenzo-\(p\)-dioxin.
Skin cancer

• Basal cell carcinoma – very common
• Squamous cell carcinoma - fairly common
• Malignant melanoma – fairly common
• All on the increase
• Cutaneous lymphoma - rare
• Sarcomas etc – very rare
• The main medico legal problem is delay in making the diagnosis.

Malignant melanoma

• Malignant moles
• Change in size shape or colour
• A - asymmetry
• B – border irregular
• C – colour variation
• D – diameter >5mm?
• E – elevation.
## Case 1: 35 yr old female

- 6/9/09 - Insect bites
  2/52 Hx
- Recent holiday in Turkey
- 9/9/09 more pain & swelling
- 10/9/09 – GP 6 cms infected bite right shin, clearly infected
doxycline 100 mg od.

## Hx contd.

- 10/9/09 – Orthopeadics diagnosed abscess following insect bites U/S ?DVT
- 11/9/09 – GP noted insect bite on leg, still very swollen & sore.
- 12/9/09 – Admitted to hospital via A&E insect bites Turkey and cellulitis IV antibiotics
- 13/9/09 – incision & drainage, necrotic skin margins excised.
Hx contd.

• 15/9/09 - Wound debridement.

Hx contd.

• 16/9/09 – further area of blistering left forearm, blister wound pus cells only, no organisms grown
• 17/9/09 – necrotic patch at margin, painful discuss with microbiologists
• 18/9/09 – ISQ microbiology consider testing for Leishmaniasis
• 21/9/09 – right leg wound increasing in size.
Hx contd.

- 22/9/09 – All microbiology negative or no growth between 12th & 22nd Sep 09
- 23/9/09 – Discuss with Infectious Disease Unit at another hospital and transfer to them.
- 24/9/09 – Microbiology presentations suggests a bacterial infection but no positive culture and no improvement despite antibiotics.

Hx contd.

- 26/9/09 – 13:00 transferred to Infectious Disease Unit dermatologist diagnosed *pyoderma gangrenosum*, prednisolone & ciclosporin started
- 27/9/09 – feels better.
Case Hx 2

- 15 year-old male, keen rugby player
- Excoriated lesions dorsa of feet
- Parents separated recently, father ran off with boy friend.

Diagnosis & management

- Stressed induced scratching (dermatitis artefacta)
- Paste bandages
- Counselling.
What actually happened

• Progress up and down
• Went on overseas rugby tour
• 18/12 later SOB, severe weight loss thoracic mass
• Hodgkin’s lymphoma
• Good response to chemo
• Litigation against the GP/dermatologist including GMC referral delayed diagnosis.

Dermatology for Lawyers

• Eczema/dermatitis
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• Wrong or missed diagnosis.