

Dermatology for Lawyers

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Dermatological NHS Litigation

	No. of cases	Successful claims	Total payout	Average payout
Melanoma and NMSCs*	131	50%	£2,834,512	£43,275
Cryotherapy [†]	8	75%	£279,129a	£15,288b
Phototherapy [‡]	6	100%	£75,649	£12,608
Methotrexate [§]	2	100%	£95,610	£47,805
Isotretinoin [¶]	2	50%	£23,000	£23,000
TOTAL	149	-	£3,307,900	-

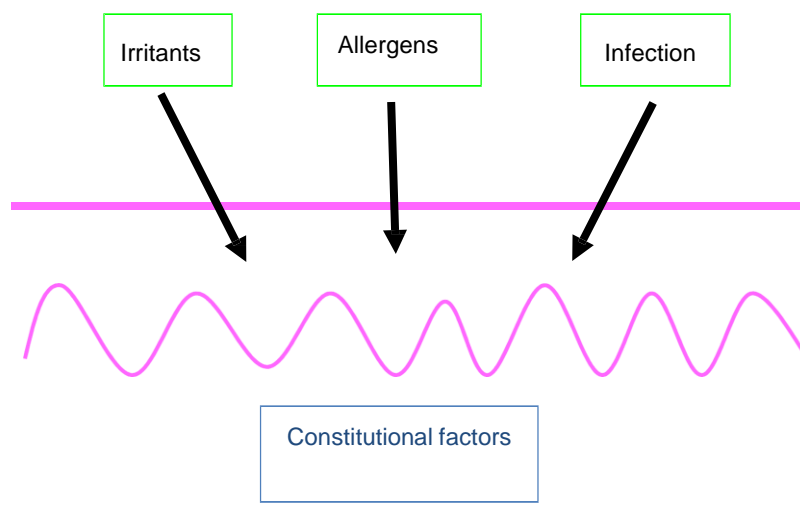
*Data for 2003-2013; [†]2001-2012; [‡]2002-2011; [§]1998-2013; [¶]2001-2011.

^aIncludes 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

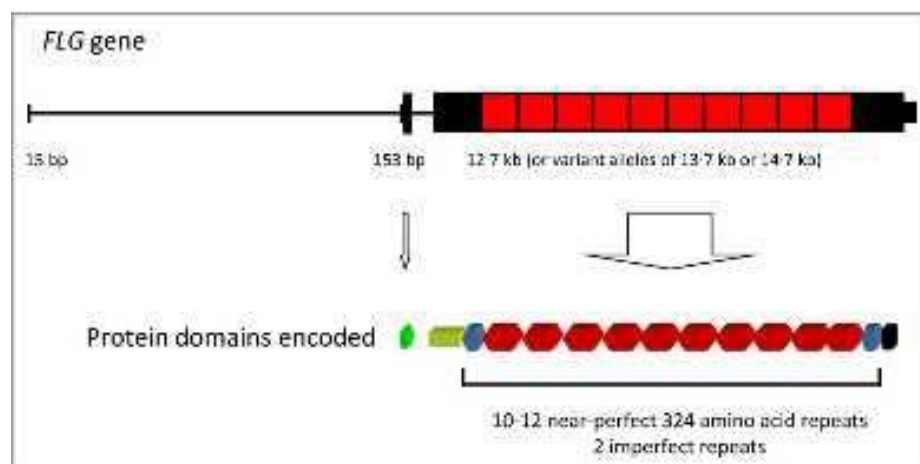


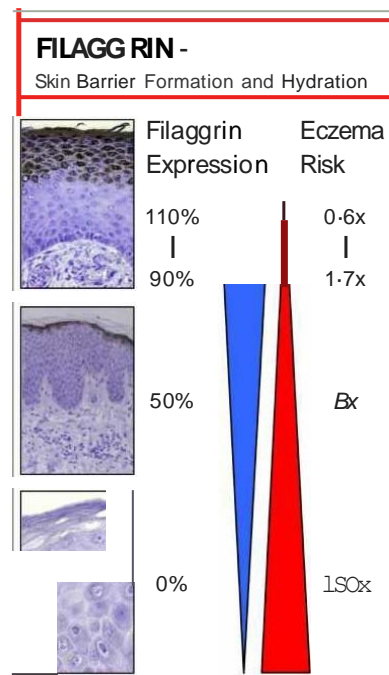
Risk Factors for ICD

- Atopy
- Filaggrin polymorphisms

Visser et al. Filaggrin loss-of-function mutations and atopic dermatitis as risk factors for hand eczema in apprentice nurses: part II of a prospective cohort study. *Contact Dermatitis* 2014; **70**:139–50.

Filaggrin polymorphisms





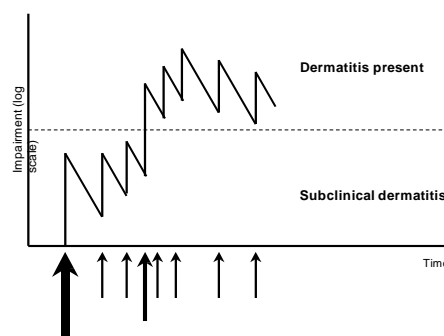
Irritant Contact Dermatitis

- 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 cumulative irritant episodes of vary degree of severity leading eventually to dermatitis. Often the patient does not link the weaker 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.

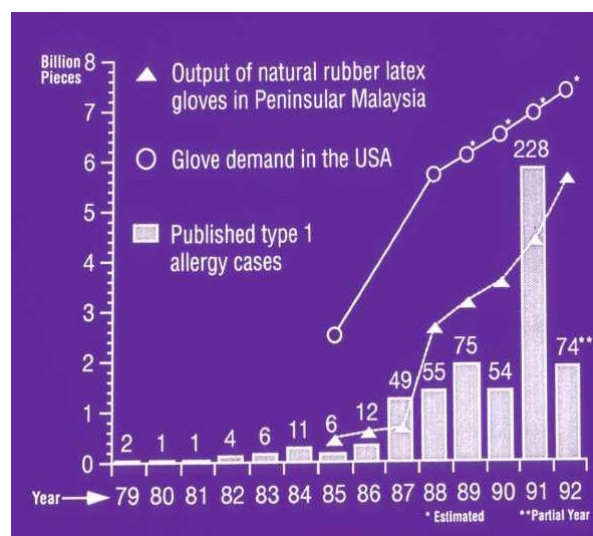
ACD v ICD

- ACD exposure elimination
- ICD exposure reduction.

Contact Urticaria

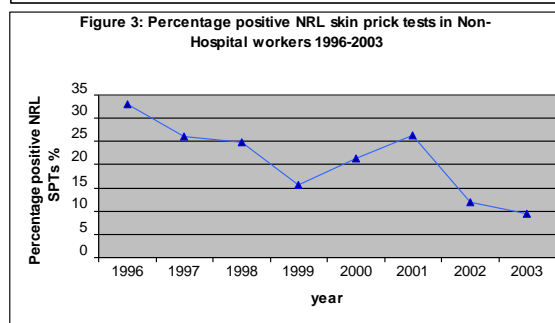
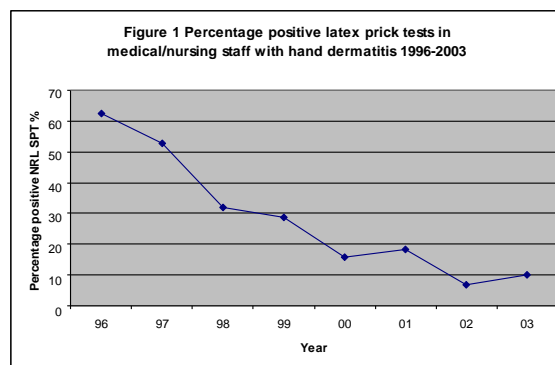
- Immunological - type 1 hypersensitivity
- Irritant - direct chemical irritation.

Prevalence – latex allergy



Signs & Symptoms of NRL Allergy

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



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.

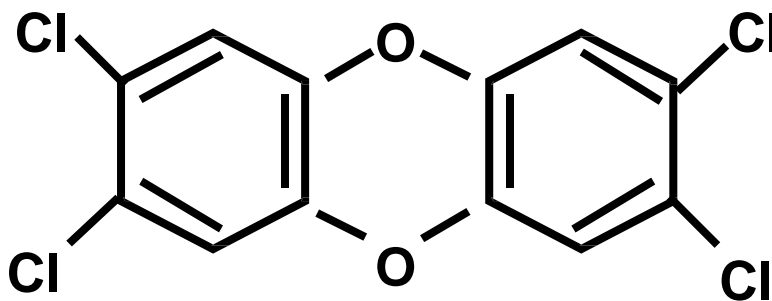
Isotretinoin

- 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.

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
doxycycline 100 mg od.

Hx contd.

- 10/9/09 – Orthopaedics 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 micobiology 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.

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- ***Wrong or missed diagnosis.***