

HOSPITAL-BASED DERMATOLOGY: MY PERSONAL JOURNEY

Dear Sir,

Dermatology branched out from medicine. The name of Fitzpatrick's Dermatology in General Medicine can speak for itself. At the back of most undergraduate textbooks of medicine, there would be a small chapter in dermatology. As dermatology gradually evolved, subspecialty clinics were developed, e.g. contact dermatitis clinics, photobiology units, psoriasis clinics, etc. There is really no subspecialty or clinic under medical dermatology. The Medical Dermatology Society (MDS) was founded in 1994 to cultivate interest and research in adult medical dermatology.⁽¹⁾ The MDS uses the term "medical dermatology" to refer to dermatological conditions associated with systemic diseases and potentially disabling or fatal skin diseases, e.g. immunobullous, cutaneous T-cell lymphoma, severe cutaneous adverse drug reactions, neutrophilic dermatoses, rheumatic skin diseases, etc. The rheumatic skin diseases, such as systemic lupus erythematosus, systemic sclerosis, dermatomyositis and vasculitis, are gradually coming under the specialty of rheumatology, although the older generation of dermatologists still manages these patients. My perspective of medical dermatology may be a slight deviation from this "definition". I would perceive medical dermatology as hospital-based dermatology in contrast to ambulatory-based outpatient dermatology. In this letter, I will discuss the future of hospital-based dermatology, and more importantly, dermatology as a specialty on its own.

I moved into the field of hospital-based dermatology in 2002 in a tertiary hospital after many years of ambulatory-based dermatology experience. This was a newly set-up Dermatology Unit, which aimed to cater for interdepartmental inpatient consultation and interdepartmental outpatient referral. There are over 20 different departments in the hospital. In the beginning, the service comprised mainly inpatient referrals and there were no medical officers and registrars. Suddenly, I was flooded with adverse cutaneous drug reactions that were due to a whole spectrum of antibiotics, oncological and haematological agents, and many other drugs. Procedures like skin biopsies were done at the bedside with poor lighting and space constraints. I would be called in the middle of an outpatient clinic to see an urgent referral, review an ill patient or perform a procedure.

During one morning ward round, I was called to see two patients with bullous diseases. These were two stroke male patients in their 70s lying one bed apart. Both of them had huge haemorrhagic bullae on the hands and feet. There were extensive bullae and erosions on the torso and the limbs. Both turned out to have bullous pemphigoid. I was surprised by the extent of involvement before they were referred to the hospital.

There are many challenges facing hospital-based dermatology. There are several explanations for its difficulty to thrive. Hospital-based dermatology is not a "glamorous" specialty; it is blood and sweat. Colleagues from other specialties in the hospital have asked us why we are not doing laser re-surfacing and botulinum toxin injections. The financial reward in hospital-based dermatology is not comparable to aesthetic dermatology. Similarly, hospital-based dermatology is neglected because administrators may be more interested to invest in aesthetic dermatology in the hospital to generate revenue. Hence, dermatologists are vanishing from the hospital – if they are not physically present in the hospital and are not interested in hospital-based dermatology, the field of hospital-based dermatology will be absorbed by other specialties. This is also true of dermatology as a specialty on its own.

However, I feel that there is still a future for hospital-based dermatology. The field is huge. Skin diseases is the tenth most common condition presented in the Department of Emergency Medicine in Singapore General Hospital. Most countries are facing an ageing population, and bullous pemphigoid is a common skin condition in the elderly. It is anticipated that the demand for immunobullous disease clinics will rise. There is so much dermatologists can offer to their patients, and there is so much material for research. Dermatologists stand in a prestigious position to collaborate with different specialties. Let us nurture our younger generation of dermatologists to go into hospital-based dermatology. Let us work together with other specialties to have a win-win situation.

Yours sincerely,

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REFERENCE

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