Hudläkarforum Q and A

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The purpose of this article written in an interview form is to highlight the importance of the Facebook group Hudläkarforum, and show the possibility of sharing educational cases via the Internet with other Nordic dermatologist colleagues ensuring high quality diagnosis and treatment in an academic environment.

Questions are answered by Jan Eklind who is the founder and main moderator of the Facebook group Hudläkarforum and by John Paoli and Sam Polesie as frequent users of the site.

Questions and Answers– Jan Eklind:

Why did you get the idea of developing the Facebook group Hudläkarforum?

I work mainly in private practice and that often means working alone, especially if you work in a small clinic where there is nobody to share or discuss difficult or just fun cases with. I started saving my dermoscopy pictures of all pigmented lesions I excised and looked at them again when the pathology reports came to get feedback. I have been on numerous dermoscopy courses and, especially when something seemed odd or when I noticed discrepancies, I needed someone to discuss my cases with. I often met John Paoli at the AAD meetings, which I try to attend every year. I asked John if I could discuss such cases with him via email. He accepted and so we did. I came up with the idea of Hudläkarforum mainly to share such challenging cases online to share our knowledge.

When did you open the site? How many users and cases are there?

I started it as a closed Facebook group in July 2016 and added all my dermatology colleagues and friends. Since 2005, I have been working part-time in Norway on and off, so I also added my Norwegian colleagues. As of today there are 250 members. Most members are Swedish and Norwegian but there are also members from Denmark and Iceland. I am not sure how many cases there are in total but last month 35 cases or posts were added with 199 comments and 325 likes. There is a search function so you can search for a diagnosis for example. Sometimes colleagues ask if they can use cases for real-life education and my answer is usually yes – if it is my case.

How does the site work?

You apply for membership on Facebook and need to answer a few questions about your experience (specialist or resident in dermatology) and where you work. There are simple rules. You must never compromise the patient's identity, so no full-face images or patient data are allowed. The forum is also for dermatologists only.

Is Hudläkarforum only used for cases or other purposes as well?

I usually post when I hear interesting news or get information about a drug that we prescribe which is suddenly unavailable. I e-mail the companies and try to get info when it will be available again.

It is also fun to post discussions about clinical scenarios and ask what users would do in such a case? This makes people think, I hope! For example, how would you treat a relative? How would you treat yourself? We treat differently from what we have experienced through our years in practice and local traditions. I also try to be as efficient as possible during patient care and try to minimize the numbers of visits. Sharing tips and tricks is fun. I might share too many things and cases, but it seems that members like them.

We have also discussed matters on which margins you should use if you have a clear clinical suspicion thanks to dermoscopy. If you are sure it is a melanoma *in situ*, we have all agreed that you can excise it with 5 mm margins and then do not need to re-excise afterwards. Another discussion we had was on how to treat severe dysplastic naevus where a lot of pathologists write in their pathology report that they suggest using even wider margins despite the lesion being completely removed, which is unnecessary according to our national guidelines.

How do you see Hudläkarforum develop in the future?

I would be happy if more people shared interesting cases. I think we all learn from looking at and discussing cases and how they have been handled. I believe many colleagues are afraid of sharing cases. They might think it could damage their reputation or be unfair to their patients. Of course, you must not post full-face image or anything that allows anyone to recognize the patient. I have discussed this many times with John Paoli and we agree that sharing cases makes us all better doctors.

Of course, I also learn from my colleagues here. Some weeks ago, I shared a case that I excised and was a bit worried about. My concern was if it was a desmoplastic melanoma (Fig. 1)?

Jan Lapins, my mentor from residency, replied promptly that it was a sclerotic blue naevus. The pathology report came back as exactly that. Now I know the next time I see one and can leave it without surgery. This week someone else posted a similar one and I could share my new knowledge.

I work mainly with private insurance patients and have stumbled upon numbers of lichen planus-like keratosis or "LPLK" (in Swedish, benign lichenoid keratosis or "BLK"), which I have saved dermoscopic and clinical pictures of and how I dealt with them. Earlier I always mistook them for basal cell carcinomas. The forum is searchable so you can search for "BLK" and you can find them and similar cases with that as a differential diagnosis.

I had an idea about starting a similar forum for genital dermatology for dermatologists, gynaecologists and urologists but I had to drop it. If you post a picture on Facebook showing genitals, you can get banned. It happened when I posted a scrotum with cutaneous calcinosis. I was banned for 24 h, and the image was removed. I appealed but without success.

Questions and Answers - John Paoli:

Why do you follow Hudläkarforum?

As one of the first members to join this closed group on Facebook, I can definitely recommend it to all Nordic dermatologists. Jan Eklind's work with the forum and his enthusiasm is really inspiring. Slowly but surely, more and more members are joining and also becoming more active in posting cases or discussions as well as commenting on submitted posts. This is a great trend, which we hope will continue. Since it is a closed group, nobody has to be worried about guessing the wrong diagnosis or asking what may seem like a silly question. It is like being in a classroom where everyone is a teacher and a student at the same time!

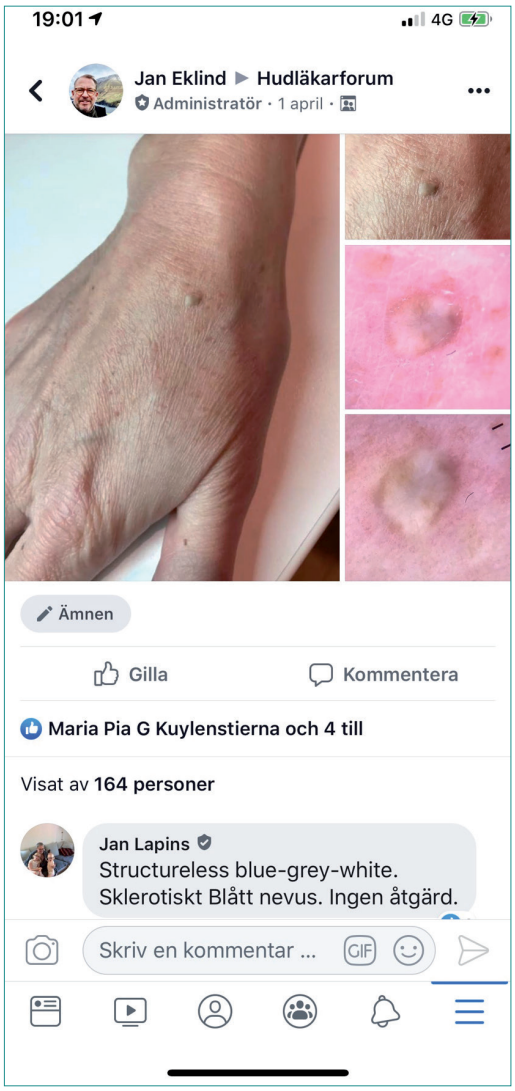

Fig. 1. An example from discussion at Hudläkarforum (sclerotic blue naevus).

Questions and Answers – Sam Polesie:

How did you hear about Hudläkarforum?

I first heard about Hudläkarforum when I was attending a residency course in venereology in Örebro in September 2016. A friend showed me the group on her cell phone and added me as a user. I have been an active and frequent user ever since.

Why are you a frequent user of the site?

I believe the forum is an excellent supplement to our continuous education and development as dermatologists. I believe that there is a truly constructive, friendly and respectful online attitude which permits a good environment for sharing knowledge and ideas. All cases with good clinical and, when

applicable, dermoscopic images are welcome contributions. In my opinion, being exposed to new cases is an excellent way to improve your ability to make a solid set of differential diagnoses. Even though a case can be easy to you, there will always be other dermatologists who can benefit and learn from your case. Therefore, the site is useful both to residents as well as specialists.

Can you give an example of a case that helped you?

It is hard to select one particular clinical case that has helped me. There are simply too many to choose from. To me, some of the polls have proved to be particularly useful, especially the one that discussed the clinical management of dysplastic naevi with severe atypia and surgical margins.

How do you see the potential in the future for Hudläkarforum?

I believe this online forum has remarkable potential for Nordic dermatologists. It is an excellent way to reach out to others when you have a challenging or educational case at hand. Knowledge is always best when shared and as there are so many rare conditions within our field, it is impossible to have knowledge about all of them. Moreover, since dermatology guidelines are somewhat different between the Nordic countries, it is interesting to get input from other Nordic dermatologists on treatment suggestions for selected cases.