

# Dermoscopy in the Southern Hemisphere: a success story

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## A success story

When Harald Kittler asked me to write an editorial on dermoscopy (to be precise, he used the linguistically correct term dermatoscopy) for *Dermatology Practical & Conceptual*, the journal founded by Bernie Ackerman and now under his editorship, I must admit I accepted his invitation with an element of uneasiness. Perhaps because I recall that Bernie never really embraced dermoscopy and not simply because of the linguistic misnomer [1]. As much as he was fascinated by the clinicopathologic correlation of inflammatory skin diseases, and to a lesser extent also of melanocytic proliferations, he seemed to ignore the equally fascinating universe of dermoscopic-pathologic correlation. In any case, all of my work in this arena in the last two decades was, and is, heavily influenced by Bernie's dogma of the significance of clinicopathologic correlation. Therefore, I see this editorial is an excellent opportunity to pay respect to Bernie as a mentor and a teacher and to cite the book of Bernie's that I have enjoyed reading most, namely, *The Lives of Lesions* [2]. In short, dermoscopic-pathologic correlation of melanocytic proliferations and study of the lives of naevi (and sometimes, by chance, melanomas) dermoscopically is based on his seminal work and influenced by his unique morphologic approach. And in this context I am very pleased indeed to write this editorial.

Given my current location in Australia, Brisbane, the capital of Queensland to be precise, I wish to focus this editorial

on dermoscopy Down Under, and I specifically draw attention to the following relevant points:

i) **Dermoscopy is frequently adopted by a large proportion of Australian dermatologists for detailed lesion examination.** A nationwide dermoscopy survey investigating the prevalence, advantages and disadvantages of dermoscopy use among Australian dermatologists gave evidence that a total of 98% of dermatologists (99 of the 283 [35%] dermatologists completed the survey eligibly) reported using dermoscopy, 95% of which had received formal training. Further, 85% found it improved diagnosis compared to naked eye examination; and 57% of dermatologists used baseline dermoscopy to follow up changes in lesions over time [4].

ii) **Within Australia, dermoscopy appears to be commonly utilised in the wider medical community,** particularly in the non-dermatologist skin cancer medicine community (although no robust data are available), and an agenda for quality health outcomes has been recently proposed, including training and education in dermoscopy [3] to further improve this service that is in high demand. This agenda has been undertaken by several providers in colleges and universities in Australia, who also provide education in dermoscopy at a high level.

iii) **Evaluation of dermoscopic naevus patterns in the Southern Hemisphere.** A recent study looking at baseline descriptions of naevus patterns in high and moderate/low melanoma risk groups of the population in Queensland found that high melanoma risk does not influence dermoscopic nae-

vus patterns. Specifically, in both high and moderate/low risk groups, globular naevi predominated on the head/neck and abdomen/chest, reticular and non-specific naevi on the back, and non-specific patterns on the upper and lower limbs [5].

iv) **The Third World Congress of Dermoscopy to be held in Brisbane in May 2012.** This meeting, as the first international dermoscopy congress ever to be held south of the Equator, promises dermatologists and general practitioners interested in skin cancer medicine an exciting and diverse scientific program addressing the current status of dermoscopy in addition to the research outcomes and future projections of its application in clinical practice (see <http://www.dermoscopycongress2012.org/>). Therefore, it can be said that dermoscopy is generating the same clinical outcomes and research interest within the Southern Hemisphere, specifically here in Australia, as it has throughout the world, and remains a vital component of expert lesion analysis.

A final word needs to be said about Harald Kittler, the new editor of *Dermatology Practical & Conceptual*. He is one of most assiduous fellows of Bernie and although starting with dermatopathology a bit later in his professional life, he is living clinical dermatology and dermatopathology whole-heartedly and critically, both ingredients for a suc-

cessful editorship. I wish him and *Dermatology Practical & Conceptual* well, and I hope that readers will embrace this journal as they did with *Dermatopathology: Practical & Conceptual*.

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