

The management and outcomes of Dermtest Teledermoscopy service in Estonia and Lithuania: A Data Review.

AIM OF SERVICE is to provide patients with specialist diagnosis of pigmented skin lesions without the need of a face-to-face visit to a dermatology specialist

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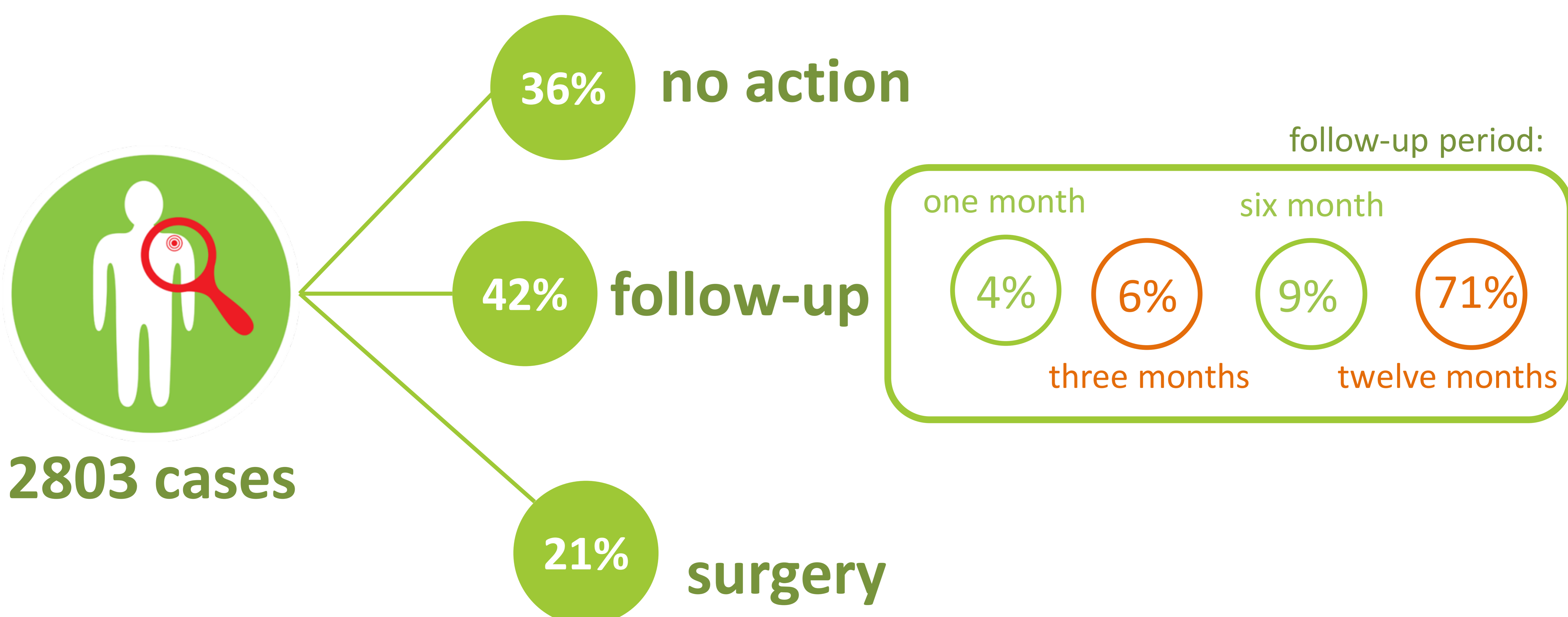
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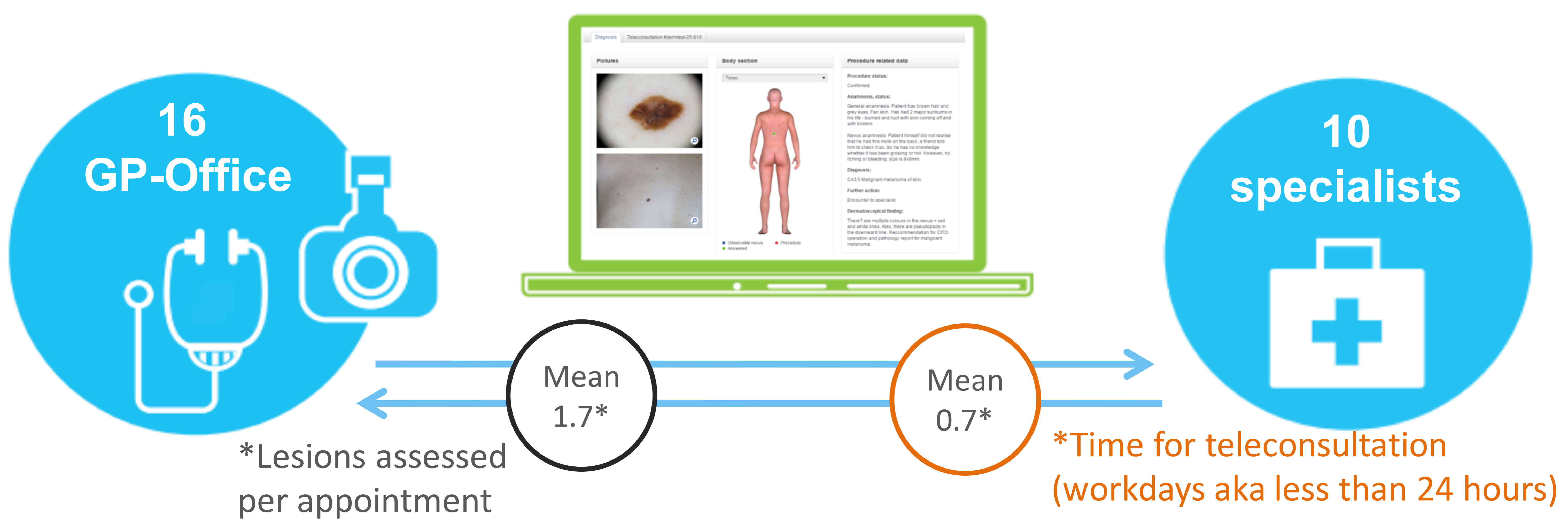
STUDY OBJECTIVE: To summarize and assess teledermoscopy service usage in Estonia and Lithuania

- Estonian and Lithuanian incidence and 5-year survival rates of melanoma are < European average
- Long waiting times for specialist expertise (up to 6 months in remote locations)
- Need for better prevention, earlier detection and treatment



CLINICAL MANAGEMENT OF LESIONS:





21 different diagnose groups from ICD-10 were diagnosed by 10 dermatologists for nevi sent as teleconsultations from 16 GP-offices through Dermtest

Top 11 ICD-10 diagnosis from Dermatologist *skin-cancer diagnosis

D22	Melanocytic naevi	1673
L82	Seborrhoeic keratosis	550
D48	Neoplasm of uncertain or unknown behaviour of other and unspecified sites	229
D23	Other benign neoplasms of skin	99
L81	Other disorders of pigmentation	64
D18	Haemangioma and lymphangioma, any site	57
C44	Other malignant neoplasms of skin	34
L57	Skin changes due to chronic exposure to nonionizing radiation	26
D21	Other benign neoplasms of connective and other soft tissue	17
C43	Malignant melanoma of skin	14
D03	Melanoma in situ	13

CONCLUSIONS:

1. Compared to face-to-face appointments Dermtest enables the diagnosis of non-urgent and non-malignant cases in reduced time and in larger quantities.
2. Dermtest reduces waiting times and frees up specialist expertise for relevant cases.
3. Dermtest solution is an effective way for lesion triage.

Aggregated anonymous data from time period of 08.02.2013-19.05.2016 was analysed as part of study conducted in cooperation with Dermato-oncology Clinic and Vilnius Laser Dermatology Center.