

The Potential for Teledermatology in Managing and Diagnosing Patients With Cutaneous Lymphomas

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INTRODUCTION

The COVID-19 pandemic shifted much of the focus of dermatology on the optimal use of telemedicine, particularly in the ambulatory setting.¹ While much of the focus has been on common conditions including psoriasis and atopic dermatitis, it is important to consider its utility for diagnosis and treatment in cutaneous oncology. The United States Cutaneous Lymphoma Consortium recently provided a series of recommendations regarding the treatments for cutaneous lymphomas during the COVID-19 pandemic.² They stratify the risk of the patient's lymphoma and compare this risk to the risk of the required treatment in order to provide guidance on which patients should be seen in person and which should be evaluated remotely. Given the immunosuppression in these patients, they advise that telemedicine should be incorporated into care in order to prevent unnecessary exposures.

Teledermatology may provide a crucial role in the management of these patients. Depending on the subtype of cutaneous lymphoma, treatment may consist of topical and/or systemic medications that the patient can use at home.² In these cases, the use of virtual platforms for monitoring the patient's progress may provide optimal outcomes. A recent study examining the use of teledermatology to monitor topical therapy in patients with actinic keratoses highlights the potential of this treatment modality.³ This study notes that patients may require further initial guidance when using virtual platforms in order to ensure compliance and proper use of topical medications.

Establishing the diagnosis of cutaneous lymphomas using digital platforms is presently challenging because of the need for biopsies. Despite this difficulty, digital pathology using whole-slide imaging may provide a role in early detection of cutaneous lymphomas.⁴ An early feasibility study examining the use of whole-slide imaging to differentiate between cases of mycosis fungoides and spongiotic dermatitis indicated the strengths of using digital slides for diagnosis.⁵ A recent study using a mobile phone camera attached to a microscope adaptor noted a high (93.3%) intraobserver concordance rate for inflammatory and infectious diagnoses made using the adaptor. This presents an opportunity to provide greater access for patients with possible cutaneous lymphomas when combined with existing teledermatology platforms, such as store-and-forward and synchronous methods.

Teledermatology has progressed rapidly over the past several months. While traditional store-and-forward and synchronous platforms may be inadequate for diagnosing cutaneous lymphomas, they may be sufficient for managing many patients with existing diagnoses. Furthermore, when combined with teledermatopathology platforms, including whole-slide imaging, and biopsies obtained by physician extenders, teledermatology is likely to provide an adequate alternative for the diagnosis and treatment of suspected cutaneous lymphoma.

DISCLOSURES

The authors have no conflicts of interest to declare.

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