ABSTRACT BOOK ABSTRACTS



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TELEDERMATOLOGY

MOBILE TELEDERMATOLOGY FOR DIRECT ACCESS TO DERMATOLOGICAL SERVICES IN THE METROPOLITAN AREA OF GENOVA, ITALY

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Introduction: In Italy, patients do not have direct access to Dermatological Outpatient Services (DOS) but need a preliminary visit by General Practitioners (GPs) whose prescription allows a reservation to DOS, with consequent waiting time and lack of prompt and adequate treatment in case of severe neoplastic or inflammatory skin diseases. Store and forward (SAF) Teledermatology (TD) is most common type of TD; several previous studies have shown that the diagnostic accuracy and reliability of SAF TD (also when performed with cell phones) is comparable to that of face-to-face (FTF) consultations.

Objective: To evaluate an integrated mobile and internet based SAF TD system for GPs for a triage system with direct access to DOS.

Materials and Methods: GPs of the metropolitan area of Genova (Italy) acquire with their cellphones images of skin tumors, psoriasis or acne lesions of their patients and, after registration and log-in with personal ID, send them together with clinical data to https://galliera.telederm.it/ (a specific and protected web application) where a teleconsultant will evaluate the requests within 2 working days, sending back an appointment in the appropriate DOS (i.e. Non Melanoma Skin Cancer, Dermoscopy, Acne or Psoriasis). Ethic Committee approval: 9.11.17 #114REG2017.

Results: The study is ongoing (start 02/2018; end 02/2019); preliminary data on the first 97 patients (August 2018) shows a TD response within 2 working days in 99% of cases and a consultation in the appropriate DOS within 2 weeks in 93% of cases. The concordance between TD diagnosis and FTF was 91%.

Conclusions: Mobile TD with https://galliera.telederm.it as triage system may reduce waiting list for patients organizing a direct access to the specific DOS with prompt treatment for neoplastic, acne or psoriasis patients, improving their standard of health care and quality of life.





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