

Figure 2 a, Histopathology showing preserved epidermis and dermis (HE, x40). b, Hypodermis with necrosis, surrounded by focal areas of neutrophil exudates and perivascular lymphocytic infiltrate (HE, x100). c, Hypodermis with necrosis, neutrophil exudates and perivascular lymphocytic infiltrate (HE, x100). d, Necrosis with neutrophilic and lymphocytic infiltrates (HE, x200).

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doi: 10.1111/ajd.13545

Correspondence Letter

Dear Editor,

Teledermatology for patient management, dermatology education and research during the COVID-19 pandemic

We have read with great interest the review by Abbott and colleagues called ‘A review of literature supporting the development of practice guidelines for teledermatology in Australia’.¹ Especially during the COVID-19 pandemic, it is crucial to have clear-cut guidelines for teledermatology visits. However, teledermatology should not be restricted to clinical patient–physician relation, but should be broadened to dermatology education, as recently reported by

Reinholz and French.² Here, we would like to report our Italian experience in providing medical care and ensuring educational opportunities for medical students and dermatology residents during the COVID-19 pandemic. Italy has one of the highest number of COVID-19 cases (150,189 of April 13, 2020) in Europe.³ In order to minimise the potential risks for additional viral spread, we have reduced the dermatology practice only to urgent and undeferrable visits and surgical procedures (e.g. melanoma, skin cancers and autoimmune blistering diseases), as they need a face-to-face approach. If visits can be carried out by video consultations, patients can benefit from a teledermatology service of our hospital.

As in other Italian hospitals,⁴ the attendance of medical students in the Dermatology Department has been suspended. Dermatology residents have been organised in reduced shifts, in order to guarantee their presence where and when needed, but not exceeding the medical supply requested in view of the reduced number of visits.

The reduction in clinic activity did not spell the end of dermatological education. Instead, we have focused on providing online material for medical students in each department to improve knowledge of skin diseases, and how these specific outpatient or inpatient services work. The educational material includes videos with detailed and updated information on common dermatological presentations, such as acne and cutaneous neoplasms, as well as information on how to perform procedures, including punch biopsies and cryotherapy. Video making was carried out by residents and supervised by a dermatologist. Videos are available on an online platform (online tutorials). The use of online platforms has also extended to supervision and assessment of students.

Residents are encouraged to continue studying and are engaged through home study, online lessons and grand rounds. Even before COVID-19, residents had access to cases and videos on surgical procedures we have a wide library of

Conflict of interest: None to declare.
Funding sources: None.

clinical, histopathological and dermoscopic pictures, as well as videos of techniques (skin biopsy, surgical excision of a naevus, cyst, etc.) With COVID-19, the amount of online teaching has increased, with daily scheduled online lessons where residents present a specific subject through clinical cases, and professors and researchers can ask for details or further insights. Each resident is designated to a specific work group, where they either contribute to update a COVID-19 and dermatology newsletter examining the disease impact on skin diseases and their treatment, to contact our patients by telephone and email, or to assist in producing videos for medical students' teaching.







We continue to conduct weekly clinical grand rounds to discuss difficult and challenging cases, but do so online to minimise the risk of viral transmission.

The COVID-19 pandemic has focused the attention of an already blossoming way of practicing medicine.⁵ Dermatologists and residents, should be prepared to manage cases from anamnesis to therapy using online consultations. Residency programmes should be updated to improve competence for using technology-enabled services.⁶

In conclusion, teledermatology represents an useful tool not only to guarantee clinical supply to patients, but also for keeping dermatologic research, study and update alive without unnecessary exposure risks.

ACKNOWLEDGEMENTS

None.

Eleonora Cinelli  | Matteo Megna  |
 Adriana Di Guida  | Vincenzo Greco  |
 Maria Carmela Annunziata  |
 Gabriella Fabbrocini 

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Research Letter

Dear Editor,

Infliximab drug survival in chronic plaque psoriasis: follow-up of the product familiarisation program

We update the results of a case series of 22 patients with chronic plaque psoriasis from the product familiarisation programme that took place in 2007 prior to the listing of infliximab on the Pharmaceutical Benefits Scheme in December 2007.¹

Infliximab is a chimeric monoclonal antibody against tumour necrosis factor (TNF)- α administered by intravenous infusion. In randomised controlled trials, 80% of patients achieve a 75% reduction in psoriasis area and severity index (PASI75) from baseline at 10 weeks, and 61% of patients sustain PASI75 at 50 weeks^{2,5}.

All patients enrolled in the product familiarisation programme met the eligibility criteria as previously described.¹ Infliximab was administered by intravenous infusion at 5 mg/kg at weeks 0, 2 and 6 for induction and 8 weekly thereafter for maintenance. During each clinical

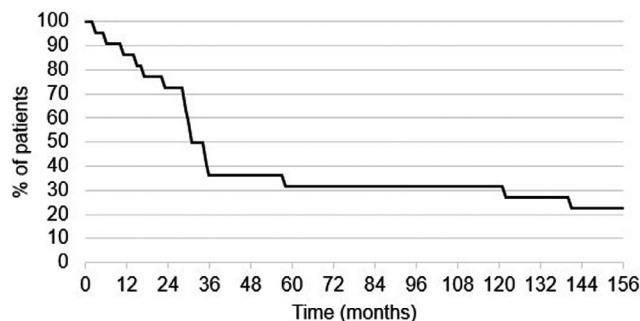


Figure 1 Kaplan-Meier curve demonstrating percentage of patients remaining on infliximab over time.

Conflicts of interest: The Australasian Psoriasis Registry is supported by Epiderm and the Skin Health Institute Inc. Additional funding for the registry has been obtained from Abbvie, Celgene, Janssen, Lilly, Novartis, Pfizer and Sun Pharma. No additional funding for the study design, data collection, analyses, or preparation of the manuscript. WB, BD, RN, and CB have no conflicts of interest relevant to this work to declare. PF has advisory roles with Abbvie, Amgen, Celgene, Janssen, Lilly, Mayne Pharma, Merck, Novartis, Pfizer, Sun Pharma, UCB Pharma, Valeant, Wintermute, Galderma, GSK, Leo Pharma, and Sanofi, and is an investigator on clinical trials with those companies and Astra Zeneca, Boehringer Ingelheim, BMS, Botanix, Celtaxsys, CSL, Cutanea, Dermira, Genentech, Regeneron Pharmaceuticals Inc, and Roche. However no funding was received for the preparation of this publication. As such, these are not relevant to this work.