



Figure 1. **A, B)** Histopathological images of the skin lesion showing hyperkeratosis of the epidermis accompanied by parakeratosis, irregular thickening of the stratum spinosum with pseudoepitheliomatous hyperplasia, focal formation of microabscesses, proliferation of collagen in the upper and middle dermis, vasodilation, a relatively large number of lymphocytes and histiocytes around the blood vessels, and infiltration of a few eosinophils (magnification: x40, x100). **C)** Upon admission, an erythematous patch with an ulcer surrounded by a dark purple bulging border and yellow-white necrotic tissue on the surface, measuring 4.5 cm in diameter, could be seen on the right lower leg. **D)** After drug treatment for 18 days, the site of ulceration was not significantly reduced. **E)** After treatment with negative-pressure wound therapy for one week, the purulent secretion on the surface of the ulcer was reduced, and fresh granulation tissue could be seen. **F)** After negative-pressure drainage treatment for two weeks, the size of the ulcer decreased, exudate was significantly reduced and fresh granulation tissue increased. **G)** One week after discharge, ulceration size further improved. **H)** Two months after discharge, the ulcer had completely healed.

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Advocacy for a shared physician/patient approach for the management of acne, rosacea, seborrheic dermatitis and photo-damage

Over the last decades, actively involving patients in the care of their disease has gained traction in the global treatment approach of cancer and other chronic diseases, but also in skin diseases such as psoriasis and atopic dermatitis [1-3]. This is supported by new strategies and advancements in the domain of disease diagnostics, treatment and prevention, combined with the rapidly evolving digitization of medicine and consumerism.

Moreover, as the concept of exposome factors, impacting on the skin and involved in various skin conditions, has gained more and more interest during recent years, an exchange of information between the physician and the patient has become unavoidable [4, 5]. As such, the P4 (Predictive, Personalized, Preventive and Participatory) medicine approach may, for example, be an appropriate and practical approach to involve patients in the management of their skin conditions [6].

Here, we report our personal experience of a shared physician/patient model for the global management of four other skin conditions (acne, rosacea, seborrheic dermati-

tis and photodamage) which all have a significant impact on patients' quality of life, as discussed during a virtual meeting in November 2020.

As an outcome of our discussion and based on our experience, winning patients' confidence, providing them with clear and concise information on their condition, and explaining how they may participate are key to successful management of their chronic skin condition. Indeed, patients are increasingly aware and informed about their disease from the internet, TV shows, newspapers and magazines. However, these sources may be conflicting and erroneous, and may lead to non-adapted skin care, worsening the condition with even permanent damage [7, 8]. Identifying, together with the patient, internal and external exposome factors may help to predict potential situations that might have led to the onset or worsening of the condition and to a decreased quality of life [9, 10]. For acne, family history, nutrition and lifestyle habits are important to take into consideration, whereas excessive and unprotected UV exposure are important for rosacea and photoageing, and cleansing and climate conditions are important for seborrheic dermatitis. Providing patients with a diary to note occurrence may help physicians to identify the triggering factors, but also may help patients to be actively involved in disease management. Moreover, discussing with the patients their fears, concerns and constraints should not be neglected. Once a patient's profile has been established, a personalised treatment approach, combined with their participation, may be proposed.

In addition to prescribing and explaining the best adapted treatment, the patients should be advised about the relapsing and long-lasting nature of the condition that requires long-term pharmacological treatment and the potential risk-benefit ratio of the treatment. Therefore, cosmetic concerns may limit medication use, as well as side effects that can impact treatment compliance and outcome. Patients should be aware of the most appropriate skin care products to use and of the risks associated with using non-adapted skin care products. The use of non-aggressive cleansers and moisturisers and non-irritating appropriate photo-protection is important. Finally, as visible chronic skin conditions may impact patients' quality of life and mental well-being, a careful, psychological approach should always be taken into account.

In addition to these face-to-face discussions, further prevention through dedicated and validated educational programmes via the internet, advertisements, videos, information leaflets, patient associations and training sessions led by qualified nurses or others may lead to improved awareness and provide additional and updated information. Testimonials of "expert" patients, explaining the outcome of successful patient participation in disease management from the patients' point of view may even increase patients' confidence and stimulate them to follow their skin care programme.

In conclusion, making patients full partners in the management of their skin conditions is key to successful treatment outcome. However, in the context of the COVID-19 pandemic, limiting patient appointments, we feel that it is important to remember that a face-to-face approach is essential in order to establish a climate of mutual trust between the physician and the patient. ■

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