

The virtual Men's Shed: a pilot of online access to skin cancer education for a high-risk population during the COVID-19 pandemic

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The COVID-19 pandemic has required new ways of working in dermatology.¹ Men aged > 50 years are at higher risk of mortality from malignant melanoma (MM) potentially due to poorer engagement with awareness and prevention campaigns, and to delayed presentation.² Skin cancer clinical nurse specialists (SCNSs) provide an essential role in education, guidance and support at all stages of skin cancer care.³ Prior to the pandemic, our SCCNSs provided skin cancer education to older men by attending 'Men's Shed' meetings. Men's Sheds are community-based projects where men come together to learn, share skills and make friendships, and to promote social inclusion. Following the Irish national lockdown on 12 March 2020, all Men's Sheds were closed to reduce the transmission of SARS-CoV-2, with reopening scheduled for September 2021. Our skin cancer education sessions were converted to online sessions. We aimed to assess participant feedback from the Men's Sheds group for planning of future education.

All Men's Sheds in Cork and Kerry were contacted via the organization's website (<https://menssheds.ie/>) to see if any groups were conducting meetings virtually, and any groups that were providing virtual meetings were offered sessions on skin cancer and sun awareness during May 2021. Virtual education sessions were set up with 14 of the groups, either at their usual meeting time or at a separate designated time (Fig. 1).

In total, 98 men participated in the virtual meetings (range 2–18 men per meeting). To acquire feedback, a questionnaire was forwarded to each group ($n = 14$) following the education session. All groups (100%) felt that the session was useful and 100% wanted a repeat session in future. However, the majority of groups (11 of 14; 78.6%) recommended a face-to-face session, as many members had been unable to access the virtual meeting due to technical difficulties.

Questionnaires were also sent individually to attendees for further feedback, and 16 men (mean age 69.8 years, range 58–87 years) responded, equating to a response rate of 16.3%. The majority stated that they obtained most of their medical information from their friends and family (31.3%) or their general practitioner (GP) (31.3%), with 18.8% obtaining most of their information from the Men's Shed, and 12.5% from the radio. In terms of preferred sources of information, the majority (37.5%) stated that they would like to receive information through presentations at the Men's Shed, 31.3% via their GP, 18.8% over the radio and 6.3% through informative posters.

Previous research has shown that Men's Sheds can have a positive role in health promotion.⁴ This project shows that virtual skin cancer education, targeted at older men at higher risk of skin cancer, is feasible. Virtual education sessions may also improve access in geographically isolated areas distant from dermatology centres. However, most groups stated a preference for meetings in person where possible. The response rate for individual questionnaires was low (16%), which may be due to difficulties for some older men in using modern information technology.



Figure 1 Poster to highlight the education sessions on skin cancer and sun awareness given by a skin cancer clinical nurse specialist.

Although this project shows that sessions on skin cancer education can be performed virtually, the optimal setting may remain with in-person visits, as we return to normal healthcare following the COVID-19 pandemic.

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Tinea capitis by *Microsporum canis* in a 3-year-old girl with palmoplantar pustular dermatophytid reaction

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Dermatophytid skin eruption involving a delayed hypersensitivity reaction, which is triggered by a distant

dermatophyte infection. It is most frequent in adult tinea pedis but also occurs in tinea corporis and tinea cruris. Tinea capitis, one of the most frequent paediatric skin infections, is rarely reported to cause an id reaction. Herein, we describe a case of palmoplantar, pustular dermatophytid reaction associated with kerion caused by *Microsporum canis*.

A 3-year-old girl presented with a 10-day history of a tender, infiltrated plaque, 20 × 30 mm in size, on the temporal region of the scalp. She was otherwise healthy. The patient had previously been prescribed amoxicillin–clavulanic acid by her general practitioner, but this had not been successful.

On physical examination, partial loss of hair and exudation from some of the follicular orifices were observed (Fig. 1a). Additionally, bilateral cervical lymphadenopathy and multiple, large, nonfollicular pustules on a none-rythematous base on the palms and soles were present, which had occurred 1 week after the appearance of the plaque (Fig. 1b–d).

Routine laboratory investigations were all within the normal limits. Direct microscopic examination of the hair sample from the affected area in 10% potassium hydroxide revealed an ectothrix pilar invasion. After 1 week, *Microsporum canis* was seen in culture on Sabouraud agar. Bacteriological and mycological cultures of samples obtained from the pustular lesions were negative.

A diagnosis of kerion due to *M. canis* with dermatophytid reaction was made, and treatment with griseofulvin 20 mg/kg/day was started. After 2 weeks of therapy, significant clinical regression was observed and the symptoms of dermatophytid reaction resolved (Fig. 2a–c).

Tinea capitis is a common dermatophyte infection of the scalp in children in Tunisia. It can vary from noninflammatory scaling to a severe pustular eruption with alopecia, known as a kerion celsi. Patients with kerion are more likely to develop marked regional lymphadenopathy and produce dermatophytid reactions. Tinea capitis caused by *M. canis* tends to be noninflammatory, presenting as single or multiple patches with broken-off hairs, discrete erythema, and scaling.

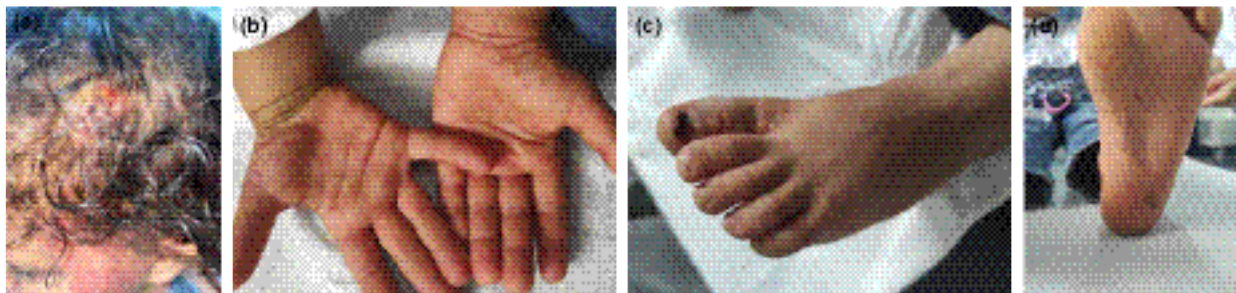


Figure 1 (a) An inflammatory, crusted, matted mass on the scalp, diagnosed as kerion; (b) multiple, large, nonfollicular pustules on the palms; and (c,d) pustules on the soles.