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**This month in *JAAD International*:
March 2022: Photography, skin cancer,
and the limits of teledermatology during
the COVID-19 pandemic**



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This month in *JAAD International*, Cheng and Schurr¹ describe their New Zealand experience in using teledermatology to diagnose suspected skin cancers in the context of the COVID-19 pandemic. They note that although teledermatology has played an important role, it also has critical limitations in terms of managing putative skin cancers. Indeed, with more than a quarter of patients seen using teledermatology requiring an in-person follow-up visit, their findings suggest that teledermatology is a valuable adjunct, rather than a replacement for, in-person skin examinations in patients with a high baseline skin cancer burden.

Although much has been written extolling the potential benefits of teledermatology both before and during the pandemic, it also behooves us to appreciate the inherent limitations of this technology.²⁻⁴ For example, the quality of teledermatology-produced diagnoses is limited by the quality of images received: in teledermatology, as in many other fields, the adage of “garbage in, garbage out” holds true because even the most brilliant dermatologist can only render a diagnosis if the image quality—and image choice—is adequate. Unfortunately, the ubiquity of powerful smartphone cameras does not guarantee that an image sent by a patient will be of high quality, representative, or use adequate lighting—or even be in focus.

Standardizing photography for teledermatology may help mitigate these concerns; therefore, a range of options has been considered in the past, including relying on a dedicated teledermatology image capture team for patients being assessed in the context of primary care clinics, although further work in this important area is needed.⁵

Conflicts of interest

None disclosed.

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