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Caution with topical capsaicin

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We read with interest the informative review article by Ball *et al*. in a recent issue of *Clinical and Experimental Dermatology*. It discussed the assessment and management of patients with a suspected functional dermatological disorder.[1]

The authors suggested that an approach to managing vulvodynia could include starting with topical preparations such as capsaicin. We would like to share our experience of managing vulvodynia in our multidisciplinary vulval clinic, which has highlighted that the reported potential irritation with capsaicin is common. This can be both distressing and debilitating, and should not be underestimated.

In our vulval clinic, we follow the British Society for the Study of Vulval Diseases Guidelines for the management of vulvodynia, and recommend a trial of 5% lidocaine ointment at least once daily for 3 months instead.[2] We find other preparations of lidocaine and/or prilocaine to be more irritating and less effective. Additionally, we recommend all our patients to use fragrance-free soap substitutes and barrier ointments. We also offer them referral for pelvic physiotherapy.

For unprovoked vulvodynia, we particularly consider a titrating oral regimen of amitriptyline initially, but find that most patients choose to explore topical therapy options prior to considering systemic treatments. We have tried patients on topical doxepin with little to no benefit. More recently, we have also trialled the use of 6% gabapentin gel for focal periclitoral vulvodynia with notable improvement when applied intravaginally, but not on the skin itself because of irritation.

In our experience, albeit with very few patients, topical capsaicin has been uniformly unsuccessful. One patient who tried it said, 'I thought you must really hate me, doctor.'

There are mixed results regarding the efficacy of capsaicin in treating vulvar vestibulitis. Studies that have demonstrated a benefit such as those of Murina *et al*.[3] and Steinberg *et al*.,[4] were not placebo-controlled or blinded, thus the improvement reported could be due to the emollient vehicle itself or to the anaesthetic cream used prior to or in combination with capsaicin.[3,4] Murina *et al*.[3] reported that all their patients reported severe burning at the site of capsaicin application, which the authors attributed to the primary release of neuropeptides. It is worth noting that none of the patients reported complete remission of their symptoms, and this might very well have been due to the burning effect of capsaicin itself, which possibly contributed to the worsening of the patients' condition. More concerning is the fact that capsaicin can activate intracytoplasmic calcium-sensitive proteases and potentially cause irreversible damage to C-type nerves. The safety of this treatment has not been established for dosing or duration of application to either enhance symptomatic relief, curative efficacy or prolong response. Although the general consensus is that systemic treatments incur significantly more adverse effects than topical therapies, it is important not to overlook the potential impact of topical agents, which can have an equally detrimental effect on patients' daily lives and functioning.

R. Akel,[1] C. E. Cohen[2] and C. Fuller[1]
[1]*Department of Dermatology, Chelsea and Westminster Hospital NHS Foundation Trust, London, UK and* [2]*Department of HIV and Sexual Health, Chelsea and Westminster Hospital, London, UK*
E-mail: randa.akel@chelwest.nhs.uk
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WhatsApp messenger as a teledermatology tool during coronavirus disease (COVID-19): from bedside to phone-side

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The current coronavirus disease (COVID-19) has forced the shutdown of many nonessential services in most high-risk countries. Most Dermatology consultations

(except emergencies) have been deferred as a precautionary measure to prevent the spread of COVID-19, but patients continue to arrive at clinics and hospitals. While clinicians want to help, the current COVID-19 pandemic demands that they be extra vigilant and exercise caution in choosing which patients to see. A solution may be offered in the form of teledermatology using everyday tools/devices.

Telemedicine is defined as the use of electronic information and communication technologies to provide healthcare support when distance separates patients from healthcare professionals with expertise in the field.[1,2] Vital information can be shared between the two groups in the form of text, audio, still images and video.[3,4] It is true that we were not prepared for this pandemic, and many healthcare setups are still not well equipped for telemedicine. Few clinicians have a thorough knowledge of telemedicine/teledermatology and fewer patients are aware that this exists in medicine. The current situation of teledermatology is even worse in developing countries. However, the use of mobile technology is rapidly expanding within the field of telemedicine.[5] Audiovisual communication, aided by smartphone applications, is a novel concept in teledermatology.

WhatsApp is currently one of the most popular applications worldwide,[5] and allows its users to communicate via text/voice messages, photos and videos.[3,4] The need for only a mobile Internet connection, with no extra cost for sharing unlimited information, makes it a useful platform for social interaction.[3] Although sparse, there is literature exploring WhatsApp as a potential telecommunication tool in medicine.

Dermatology is one of the few fields of medicine where visual inspection is paramount for making a diagnosis. The ease of use, portability, speed, cost-effectiveness and simplicity makes WhatsApp a good adjunctive teledemedicine tool.[6] Familiarity with the application is the biggest advantage and fosters patient confidence. The options to send pictures and to interact via text/voice messages or video calls can offer sufficient material for management of a dermatosis, provided a diagnosis can be made. This method of communication is especially beneficial for those with an established diagnosis who need follow-up. The utility of this application in sharing investigation reports and previous treatment charts is another added advantage. Generally, teledermatology can be delivered as real-time video consultation (RT-TD) or as an asynchronous store-and-forward (SAF) service.[7] WhatsApp can deliver both RT-TD (through video and/or audio chat) and SAF (patient can send the picture and/or text, and the dermatologist can reply at a convenient time).

Limitations such as poor-quality pictures, medicolegal responsibility, privacy and ethical issues (as with any other mode of teledermatology) remain.[3,7] Consultation fees and mode of payment are other unclear areas. More importantly, further research is warranted in this field to define the role of such apps in dermatology.

In these times of COVID-19 and the need for social distancing, not many dermatologists are familiar with teledermatology, and WhatsApp can serve as an interface between patients and dermatologists. What other option do we have? We should have been better prepared. Perhaps this presents an opportunity to invest in learning and implementing teledermatology in clinical practice so we can face any future challenges.

D. Jakhar,[1] S. Kaul[2] and I. Kaur[1]
[1]*Department of Dermatology, North Delhi Municipal Corporation Medical College & Hindu Rao Hospital, New Delhi, India and*
[2]*Department of Internal Medicine, John H. Stroger Hospital of Cook County, Chicago, IL, USA*
E-mail: ishmeet.kaur.dr@gmail.com
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Tattoo granulomas with associated uveitis responding to ocular treatment with dexamethasone 0.1% drops

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A 40-year-old man presented with an 8-month history of episodic painful swelling of his tattoos, associated with irritation of his eyes and blurred vision. Each episode lasted for a few weeks, with the ocular symptoms

