

Editorial

Are we living on a small island?

When I was a medical student and resident, I was taught that psoriasis was an inflammatory and hyperproliferative skin disease with genetic predisposition. After so many advances in molecular science, psoriasis is being studied from a different perspective recently. As discussed in the review article in this issue, it is now recognised as a disorder which not only affects the skin but also many other systems such as skeletal system, cardiovascular system, and even the eyes. Dermatologists are now dealing with a systemic disease rather than just a cutaneous problem.

This change in perspective is not only observed in psoriasis. For example, there are evidence to show that dyslipidaemia, hypertension, insulin resistance, overweight and/or obesity are seen in patients with skin tags. Skin tags may be a marker for increased risk of atherosclerosis and cardiovascular disease as psoriasis. One can see that more and more common cutaneous diseases are associated with systemic medical problems. Finding a tripe palm may be important for the individual as it may signify the presence of bronchial carcinoma. Noting tuberous xanthomas in a patient may lead to the discovery of underlying familial hypercholesterolemia, familial dysbetalipoproteinemia and increased levels of low-density lipoprotein. But they are rare even in tertiary referral centres. A dermatologist may see one of those rare cases in a year but he or she will see at least one case of psoriasis per day. Diagnosing a new case of psoriasis may become significant in terms of its public health implication as it may be

associated with cardiovascular and metabolic comorbidities. Since psoriasis is the bread and butter in our dermatology clinics, we will be facing the challenge of managing a large group of patients with common skin problems as well as systemic problems. However, are we prepared enough for such challenge?

Skin is the largest and most easily assessable organ in our body. Diagnosing a common dermatological disease such as psoriasis and skin tags should not be a problem for a well trained dermatologist. So we, dermatologists, could be the first line medical profession to screen the psoriatic patients for cardiovascular and metabolic disorders and it should be more cost effective than non-selective screening in the general outpatient setting for certain age groups. Moreover, some of the epidemiology data are being collected from psoriatic patients in the public service which may be helpful for the preparation of future studies in this aspect.

Owing to many historical reasons, the development in Dermatology and Venereology in Hong Kong is a bit isolated from the main stream of Medicine. Such isolation may prove to be detrimental to our specialty. There is a phenomenon called small island effect in ecology. This small island effect occurs when the number of animals of certain species in an isolated area is so small that it affects the species richness. Many endangered terrestrial animals are subjected to such effect. The giant panda is a very good example. Their survival is being threatened by isolation of their habitats caused

by roads, farms and deforestation. Similar situation can be observed in our specialty. In order to breakdown such artificial barrier, we have to outstretch our hands to keep in touch with other medical colleagues in other specialties and keep an open mind. Many trainees told me that they had difficulties in finding good topics for their dissertations. My suggestion to them is not to restrict themselves in pure dermatology topics. If we can broaden our horizons, there is a big continent waiting for us to explore.

References

1. Sari R, Akman A, Alpsoy E, Balci MK. The metabolic profile in patients with skin tags. Clin Exp Med 2009 Dec 24.
2. Rasi A, Soltani-Arabshahi R, Shahbazi N. Skin tag as a cutaneous marker for impaired carbohydrate metabolism: a case-control study. Int J Dermatol 2007; 46:1155-9.
3. Thappa DM. Skin tags as markers of diabetes mellitus: an epidemiological study in India. J Dermatol 1995; 22:729-31.

KH Yeung
楊國鴻