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Editorial

Conscientiousness and science

In this issue, Dr. Luk has shared his passion in finding a treatment option for his patient with alopecia areata, a common encounter in our clinical practice. It has been more than 3 decades since the first report of immunotherapy, dinitrochlorobenzene (DNCB) induced contact sensitization, to induce hair growth in patients with alopecia areata. Because of DNCB's mutagenicity in vitro, diphencyprone (diphenylcyclopropenone, DPCP) has replaced DNCB as a treatment modality, albeit this has not been officially approved yet. In 2008, the Cochrane Skin Group conducted a review on various treatments for alopecia areata. The authors concluded that "Few treatments for alopecia areata have been well evaluated in randomised trials. We found no randomised controlled trials on the use of diphencyprone, dinitrochlorobenzene, intralesional corticosteroids or dithranol although they are commonly used for the treatment of alopecia areata."

DPCP contact sensitization has actually been used in a good number of cases by Dr. H Chan before it is used in the current index case in Hong Kong (data pending for analysis, personal communication with Dr. H Chan).

Dr. Alice Chan also reported a case series in dermatofibrosarcoma protuberans in Hong Kong in this issue. Dr. Chan found that the margin was involved in 30.6% (11 out of 36) patients such that further operation was required. It was cited that the local recurrence rate could be reduced to 1.6% after Mohs surgery. The immediate treatment outcome for this condition in Hong Kong was undoubtedly unsatisfactory. Should we have a service in Mohs surgery, the outcome would have been much better. How is it related to DPCP? Of course, Mohs surgery has nothing to do with DPCP, but should the concerned medical profession have the perseverance and passion of Luk, it would be another story. (Mohs surgery had once been introduced, however only for a short while, in a local hospital in Hong Kong.)

The editorial board would however like to share with readers the passion, caring and empathetic attitude of Luk in treating his patient. Most of you may agree with me that dermatology has been regarded as a "minor" specialty by our colleagues in internal medicine and general surgery. I could still remember the grinning face of my old UMU colleague Dr. L when we met in the corridor of QMH in the early 90s. He said to me with emphasis on the words "pyoderma", "tinea" and "scabies" that I was the expert in taking care of these problems. We should however be proud of ourselves for our dedication for better care of our patients who are severely disturbed psychosocially, but often not given the appropriate level of attention by doctors who count only on physical illness.

Our vision may also be shared by some of the young doctors who have waited or have been waiting for higher physician training in

Dermatology. There were young doctors who sacrificed more than five years waiting for an opportunity to be enrolled in Dermatology training.

I wish that such fervour is not only limited to a few of us. I am sure that the momentum to further improve ourselves continuously has already been built up in our specialty.

KM Ho
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