

LETTER

Australasian Journal of
Dermatology

The two-step method of digital follow-up of bland skin lesions is a safe and useful tool in melanoma diagnosis

Editor,

We thank the authors for their interest in our manuscript.¹ Their assertion that histology images were not provided is mistaken (see Figure S1).

Our subject lesion was one of 36 selected by a nurse-diagnostician on this high-risk patient for monitoring, with the selection criteria of 'a randomly selected naevus with no morphologic clues to malignancy'. In response to the suggestion of overdiagnosis, it was the only monitored lesion out of the 36 which was excised. Furthermore, in the interval from 2008 to 2023 only three other skin lesions were treated: two invasive melanomas and one naevus, none of which were monitored. SDDI prospectively identifies biologically indolent lesions, reducing overdiagnosis.²

While monitoring 'lesions of concern' has definable risks which must be managed, the use of baseline total body photography (TBP) and serial digital dermatoscopic imaging (SDDI) of bland lesions carries no risk to the patient compared to appropriate treatment of bland lesions—no intervention.

Concerning a relatively higher melanoma in situ:invasive ratio in the study the respondents cite,³ of relevance, it was from a totally referral-based dermatology practice in an area of high lentigo maligna prevalence, giving it a predictable bias towards melanoma in situ.

There is a wealth of published literature on the efficacy and cost-effectiveness of photographic technology in the diagnosis of featureless melanomas.⁴ We thank the respondents for citing one of our earlier manuscripts where we pointed out that a controlled study on the use of SDDI would be ethically challenging, exposing the control arm to evidence-based risk of harm.⁵

In conclusion, our patient was placed at no risk by having a bland lesion monitored and had any risk of overdiagnosis reduced by meticulous deployment of the two-step method of digital follow-up—TBP combined with SDDI. Further studies are warranted.

AUTHOR CONTRIBUTIONS

Cliff Rosendahl conceived and wrote the manuscript. Christine Lee, Sarah Coleman and Aksana Marozava

were directly involved in the application of photographic technology and lesion detection for the original manuscript, and Blake O'Brien was the reporting dermatopathologist who also provided annotated histology images for the original manuscript. All authors critically reviewed and approved the manuscript.

ACKNOWLEDGEMENTS

The authors have nothing to report.

CONFLICT OF INTEREST STATEMENT

None.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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