

blister-like lesions and reduction of the infiltration. This benefit, however, was merely transitory (3 months), and subsequent progression necessitated supracondylar amputation. Six months after surgery, there were no signs of the disease.

We present a case of malignant fibrous histiocytoma with a peculiar clinical presentation in the form of aggregated translucent papules containing mucin. The clinical condition mimicked a blistering disease, although the possibility of a lymphatic neoplasm or a disease involving deposition of amorphous acellular material such as mucin was also considered. We were unable to find cases with a similar presentation in the literature. Another peculiarity of our case is the extensive dermal involvement at onset, a finding which is relatively uncommon.<sup>2,3,6</sup> Furthermore, as occurred with our case,

errors in the initial histologic diagnosis are common. Therefore, a higher level of suspicion and deep incisional biopsy are necessary to rule out this tumor<sup>2</sup> and to carry out a differential diagnosis with other entities that display mucin aggregation or similar histologic patterns (chronic lymphedema or stasis dermatitis).

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## Study of Urgent Referrals to the Dermatology Department of a Referral Hospital

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### To the Editor:

Dermatology is not a specialty in which urgent or priority consultations make up a large part of routine practice. However, whether due to long waiting lists or to the poor level of health education among the population, dermatologists are treating an increasing number of patients who have been referred as priority cases. We therefore undertook a study to analyze the priority referrals to our department as an aid to planning and improving the quality of care provided.

Data were collected prospectively in 1998 on the priority patients who had been referred by primary care clinics to dermatology clinics associated with Hospital Miguel Servet in Saragossa, Spain. The population of the health care area is 533 946 inhabitants, consisting of an urban population of 474 523 and a rural population of 59 019.

A record was designed for each patient using the Access database application. The records included the patient's identification number, date of

birth, and sex, whether the patient was from a rural or urban area, whether the patient was classified as ordinary or priority, the date of consultation, and the diagnosis. A database was created that contained the possible diagnoses and their codes according to the International Classification of Diseases, Tenth Revision.<sup>1</sup> Statistical analysis of the data was performed using the SPSS statistical software package and the Excel spreadsheet. The relationship between qualitative variables was analyzed using the #c<sup>2</sup> test and the

means of quantitative variables were compared using the *t* test. Values of  $P < .05$  were considered to be statistically significant.

During the study period, 3.28% of the men and 4.30% of the women out of the entire population of the health care area attended the department on a first visit; the differences were strongly significant ( $\chi^2 = 372.516, P < .001$ ). A total of 20 350 new patients were seen, of whom 4150 were priority cases—20.4% of all first visits. Differences between the sexes in priority visits were statistically significant ( $\chi^2 = 17.484, P < .001$ ): 21.8% of men and 19.4% of women. The mean age of the patients showed no significant differences between sexes ( $P > .05$ ): 44.26 years for men and 42.94 years for women. The mean number of patients per month attended over the first year was 346.

Comparison of rural and urban populations revealed strongly significant differences in overall demand for consultations ( $\chi^2 = 225.526, P < .001$ ); demand was less in the rural population (2.69%) than in the urban population (4.11%). In preferential patients, however, while the differences were also strongly significant ( $\chi^2 = 74.633, P < .001$ ), there was a greater demand in the rural population (28.8%) than in the urban population (19.7%).

By diagnosis group, the most common diseases in preferential patients were eczema (11.7%), viral dermatosis (10.2%), benign tumors (8.6%), pityriasis rosea and psoriasis (8.2%), mycosis (7.2%), carcinomas (6%), pigmented tumors (4.2%), acne (4.2%), urticaria (3.9%), and atopic dermatitis (3.5%). By individual diagnosis, the most common findings were the following: common psoriasis (5.2%), eczema (4.8%), seborrheic keratosis (4.3%), common warts (4.1%), basal cell carcinoma (4%), contact eczema (3.3%), acute urticaria (3.1%), melanocytic nevi (3%), seborrheic

dermatitis (3%), acne (2.9%), actinic keratosis (2.6%), and atopic dermatitis (2.5%).

The patients treated as priority cases in our study accounted for 21.8% of the total—slightly lower than the 25.85% reported in a study carried out in 1997 in La Coruña, Spain.<sup>7</sup> Other studies have described the urgent dermatology cases seen in the emergency departments of different hospitals,<sup>3-9</sup> but the different emphasis of these studies does not allow for an accurate comparison of the results.

Of note is the fact that urticaria accounted for 3.1% of the priority cases seen in our study, whereas the figure varied between 10% and 19% in other studies.<sup>3-6</sup> We believe that the data are not comparable because those studies addressed dermatologic diseases treated in emergency departments rather than in dermatology clinics.

Another study, carried out in the Pamplona health care area, analyzed urgent referrals from primary care centers to dermatology departments.<sup>9</sup> The most frequent diagnoses reported in that study were eczema, psoriasis, benign tumors, etc, results that are closer to those of our study.

It is interesting that diseases such as seborrheic keratosis, common warts, melanocytic nevi, seborrheic dermatitis, and acne are frequent among the priority patients in our study, even though these diseases only exceptionally require immediate treatment by a specialist.

We believe that, although a considerable length of time has passed since the data in this study were collected, the results can contribute to drawing comparisons with studies that were carried out later and to evaluating trends in the results.

We must emphasize the need to train primary care physicians in the more common diseases and the need for a good model of consultation with the specialist.

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