

Variability in Therapeutic Decision Making: Evaluation of the Validity of an Information and Communication Technology Tool[☆]



Variabilidad en la toma de decisiones terapéuticas. A propósito de la evaluación de la fiabilidad de una herramienta TIC

In a health care system burdened with large caseloads and shrinking resources, advances in information and communication technology have enormous potential to improve both efficiency and health outcomes. Especially valuable are tools for mobile telephones. Many technological initiatives, however, have been shown to have scarce ability to change clinical practice, whether because they proved impractical in actual use or because they were evaluated with inappropriate methods.¹

This is not the case for the mobile telephone application MDi-Psoriasis introduced by Moreno-Ramírez et al.² in this issue. This application is an innovative tool that can guide dermatologists making therapeutic decisions for patients with psoriasis. Its algorithms are based on current clinical

practice guidelines. To test the tool's reliability, the authors used a robust approach to assessing agreement between the opinions of dermatologists expert in psoriasis and those issued by the application.

Another finding that emerged from the study was the high level of variability in the experts' own therapeutic decisions, attributable to the numerous treatment options dermatologists have at their disposal today, particularly owing to interruptions in biologic therapy.³

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Buried Sutures to Facilitate the Closure of Facial Defects[☆]



Facilitando el cierre de defectos faciales con puntos enterrados

Routinely omitting subcutaneous sutures in facial defects is a common error. Closure by tissue planes facilitates remodeling and eliminates superficial tension, preventing necrosis and infections and producing more cosmetically acceptable scars.

Buried sutures running from side to side can be used, mobilizing and completely approximating the 2 skin margins, or suspension sutures that advance only 1 side, which is fixed to the periosteum.¹ A variant of the first option is proposed in this issue of *Actas Dermo-Sifiliográficas*,² mobilizing both margins but without approximating them completely, leaving long, tense sutures called guitar-string sutures. The aim is to approximate the margins, transmitting the tension laterally, eliminating tension from the flap, whose blood

supply is always more unreliable. This third option increases versatility.

Suspension sutures enable quality to be maximized in facial remodeling, as they eliminate more than tension. The suspension suture (also known as tacking or fixing stitches)³ is a concept imported from oculoplastic surgery⁴ and is crucial for obtaining the best results in oncologic dermatologic surgery. Apart from reducing tension, they enable closure to be fixed in the area of union of different cosmetic units, to create folds or avoid their obliteration, to prevent a tenting effect, and to avoid the distortion of orifices (ecnasion, eclabium, ectropion),¹ all of which are key points in achieving optimal results.

In summary, the article by Dr. Querol and Dr. Redondo² is highly recommendable for its originality and relevance, and these 2 classic articles,^{1,3} which, as good wine, not only do not deteriorate with time, but improve, should also be on everyone's reading list.

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Other Faces of Darier Disease[☆]



Otras caras de la enfermedad de Darier

Darier disease—or, more appropriately, *Darier-White disease*—will perhaps be one of the few eponymous disease names that will survive in the dermatology of the future. The eponym's survival will surely be assisted by the clear inappropriateness of the alternative names that have been proposed: *keratosis follicularis* and, more recently, *dyskeratosis follicularis*.

The last 2 decades have yielded key molecular and genetic knowledge. The relationship between Darier disease and the *ATP2A2* gene and its chromosomal locus was clearly established, and the aura of mystery surrounding this genodermatosis seemed to vanish. But nothing could be further from reality: the wealth of expression and the clinical and therapeutic unpredictability of Darier disease continue to fascinate us.

The cases reported in this issue by Flores-Terry et al.¹ provide a lovely example of the diversity of

Darier disease. They show that, in parallel to—and even in spite of—advances in basic research, clinical practice continues to attract and captivate us on a daily basis. In fact, suspicion of Darier disease based on those peculiar hemorrhagic blisters at acral sites is a good example of the old maxim, “If you don’t think of it, you won’t diagnose it,” and it shows us the way to clinical excellence in dermatology.

Reference

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