A Decade of Lessons Learned the Hard Way

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Background

- No disclosures
- Narrative through in-office “teachable moments”
- Learned the most when things don't go as expected
- No one died or got sued in the making of this presentation
- Practice in a predominately retirement community with a practice that is 65 percent general and surgical derm, 35 percent cosmetics

Case 1

- 45 y/o female (CPA) with weeks hx of intense itching. Many visible excoriations. Only takes occasional Advil for headache.
- Seen by PA for this. PA does full H and P and due recent travel to Arizona, scabies prep that is negative. Bx done that day
- Pt sent home with topical steroid
- Bx showed acantholytic dermatosis, no evidence of scabies or inflammatory cells

Case 1

- Pt treated for Grovers with some mild improvement.
- RTC to see me due to failure to improve after 5 weeks
- Still with predominate excoriations on arms, legs, and back and few on abdomen. Scattered urticarial-like lesions noted especially on her thighs
- Biopsy done that day

Case 1

- Oh boy - not what I was expecting
- Started on prednisone
- Labs ordered
- Elevated glucose and neuts, ANA neg, RF neg
- Hep panel, Complement, Cryoglobulins all pending
- Referral to Mayo Clinic - Jacksonville
- Diagnosis:……

Lesson 1

- Go back to basics - take your own history
- Form an ORIGINAL differential diagnosis
- Don’t get lost in the details
- Information bias and overload is a REAL thing

Case 2

- Its May in Florida
- Pt is in his garden daily
- Does NOT recall injury but spots have been present for 6 weeks
- Neighbor is a retired dermatologist from NY and made him come in
- Punch biopsy taken and tissue culture sent

Case 2

- Punch biopsy: Suppurative and granulomatous dermatitis suspicious for infection. All stains negative.
- Culture: (isolated from enrichment broth only) Staph aureus
- Quest Labs contacted
- Pt c/o new lesions
- Empiric Itraconazole started suspecting sporotrichosis

Case 2

- Pt is not improving after 4 weeks of therapy and, in fact, has new lesions.
- Dose increased to 200 mg bid and second tissue culture taken.

Case 2

- Quest: (isolated from enrichment broth only) Staph aureus
- NO WAY !!!
- Quest manager: “Im sorry for the inconvenience”
- Call ID friend for help
- Quant gold is positive

Case 2

- 3rd tissue sample for culture taken
- Pt aware I am using a possible “out of network” lab for culture this time and is agreeable
- Hospital lab contacted and currier picks up tissue

> AFB CULTURE *Final* 10/

CULTURE GROWING MYCOBACTERIUM MARINUM
DRUG SUSCEPTIBILITY NOT ROUTINELY DONE ON THIS ORGANISM.
ORGANISM HELD BY STATE LAB FOR 6 MONTHS. PLEASE CALL
MICROBIOLOGY LAB IF NEEDED. 386-254-4206

Test performed by: Department of Health
Bureau of Laboratories
P.O. Box 210
Jacksonville, Fl. 32231
1-904-791-1630

> AFB CULTURE *Preliminary (changed)* 10/

CULTURE POSITIVE FOR AFB
ISOLATE SENT TO STATE LAB - FURTHER ID TO FOLLOW

Test performed by: Department of Health
Bureau of Laboratories
P.O. Box 210
Jacksonville, Fl. 32231
1-904-791-1630

Finally!!

Correct diagnosis made in October

Lesson 2

- Be persistent
- Be willing to discuss why a higher cost or out of network provider may be needed. (this is not always easy given time constraints and patients budgets)
- This may be the case with labs, pathologists, surgeons, consultants
- Phone a friend
- Quantiferon TB Gold CAN be positive in non-TB cases to due to similar peptide antigens located on region of difference(RD1)

Case 3 and 4

- 77 y/o male with extensive sun damage and hx XRT to head and neck for throat cancer. Tough personality
- Active tennis player
- Hx of “laser” treatment to large “sun spot” on top of head
- Old records obtained
- Multiple sessions of IPL to treat unwanted spots on face and scalp, many of which were returning due to daily outdoor tennis etc.

Case 3

- MMIS in all scout biopsies
- Pt refused Mohs at Mayo Clinic
- Underwent wide local excision x 3 to clear all margins. No invasive component identified. Large grafts placed
- Remains clear today

Case 4

- 51 y/o Caucasian female
- biopsy proven eruptive-type granuloma annulare
- Poor response to topical steroid, but excellent response to 21 day prednisone taper
- Clear for over 10 months
- Called for a refill on oral prednisone when new flare occurred.
- I wanted patient to be seen. Could not come in because of conflicting schedules but crying on phone because she can’t sleep secondary to the itching.
- Refilled her script and saw pt 6 weeks later
- Pt had just undergone hip surgery for aseptic necrosis

Lesson 3

- You are the expert in your office. Act like it!!
- Patient’s want what is easy, painless and convenient.
- They can’t be bothered with rules, guidelines or protocol
- This many times conflicts with our duty as physicians
- Stand up for what you know or believe is right

Lesson 3

Lesson 4

- Each patient is a unique individual
- Varying degrees of health and co-morbidities
- Forced to think outside the box and sometimes vary from classic standard of care

The lower extremity SCC

- Extremely common in my patient population
- Very often pathergy related
- Many recurrent cases after EDC and or surgery

Lesson 4

- Definitive treatment is not always possible
- Take the entire patient into consideration
  - Age, Immunosupression, general health, wound care compliance
- Recognize pathergy when its happening, inform other doctors about it
  - JAAD 2009 Nov 61(5):892-7
- First, do no harm

Cosmetic Lessons

- Educate your cosmetic patients ad nauseam
- ALWAYS - photos and consents
- Document, Document, Document
- I do mention “off label use”
- Unpredicted outcomes will happen
- Know when to say “NO”
- Be confident and hold their hand

Education

- Have staff that are specifically trained to deal with cosmetic patients (consults, scheduling, follow-up questions)
- Review patient photos or consults prior to scheduling procedures
- Be honest with patients and NEVER promise and outcome

Photos and Consent

- Most cosmetic suits do NOT end in judgement against the doctor
- Informed consent does not prevent lawsuits
- Photos (before and afters) are life-savers
- Most patients that feel disappointed with outcome are more positive after reviewing their photos
- Sometimes its not about what they say its about

Document

- Make note of bruises and expected swelling. Pt will call.
- Ask patients what they think. Document their response.
- If patients ask for new Botox pattern, I document that this was at their request
    - Frozen foreheads, heavy brows

Off-label Use

- My patient population is older
- Effects and risks may be “unknown”
- Outcome may be less predictable
- Go slow and bring the patient back
- Rome wasn't built in a day

Unpredicted Outcome

- The Bio-film
  - Erythema and swelling 6 weeks after 66 y/o female had HA filler for ML.
    - Dental work 4 days before swelling started
    - Responded well to Doxy and low dose prednisone.
- FISH
- Consider asking about upcoming or planned dental procedures

To Refund or Not Refund?

- Received a letter from a patient in 2016
  - 2 pages hand-written with recent photos
- Pt last seen by me in 2011 (5 yrs and 8 months prior) for filler
  - (Radiesse and Juvederm)
- Pt was requesting all money be refunded with interest or she would be seeking representation
- Contacted our attorney
  - Ignore urge to be right
  - Do not engage
  - Did NOT refund

Practice Lessons

- You can’t prepare for everything, but do your best
- Death via Medicare
- Natural disasters (Hurricane Matthew)
- Line of credit in place for unexpected times

Life Lesson

- Freeze your credit!! Do it now, do it today!!
- Bureau of Justice Statistics 17.6 million Americans were victims of identity theft in 2014
- 3 out of 4 partners in my practice have had their identity stolen
- As a physician, your SS# is everywhere. Every agency, insurance company, governing body and your staff may have access to it.
- HOURS of time spent on the phone