

Audit of GP Dermatological Biopsies

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AIM

The aim of this project was to review the investigation and management of skin lesions performed in a GP practice over the course of one year and to compare this to the Primary Care Dermatology Society Skin Surgery Guidelines⁽¹⁾.

INTRODUCTION

Dermatological complaints reflect 12.4- 24% of presentations to GPs^(2,3) thus the ability to recognise and treat significant skin lesions is very important. Worldwide GPs are managing skin cancers on an ever increasing basis^(3,4). In the UK GPs play defined role in the management of skin cancers and other skin lesions⁽³⁾. In Ireland there is no accepted pathway for the diagnosis and treatment of skin lesions in the community. Some GPs offer patients the facility to biopsy and/or excise lesions without real guidance from dermatological experts. PCDS guidelines⁽¹⁾ exist about best practice in GP skin surgery- advising on record keeping, histological requests, consent and the procedural technique. This audit was conducted to assess how current practice fared in comparison to the guidelines and how best to improve the service to patients.

METHODS

"Complete GP" patient files searched for ICD10/ICPC2 Skin Complaints

7 skin lesions codes selected from a sample

Practice files reviewed between July 1st 2011 and August 31st 2012 for interactions with selected codes

Information was gathered from files in the following areas:

Age	Sex	Code
Lesion Description	Location	Appearance
Histology History	Differential Diagnosis Management	Histology Diagnosis

RESULTS

217 patients had a dermatological condition that may have represented a skin lesion.

35 (16.19%) patients had a biopsy of a skin lesion performed.

Sex	Male	22	(62.86%)	Codes	
	Female	13	(37.14%)	Skin Texture Complaint	22(62.86%)
Age	Mean	69.2 years		Solar Keratosis	6(17.14%)
				Neoplasm Benign/ Unspecified	2(5.71%)
				Excision/ Biopsy	1 (2.86%)
				Malignant Neoplasm of Skin	1 (2.86%)

RESULTS CONTINUED

Description: was recorded 88. 57% of cases. The most common descriptors included Pigmentation (14.2%), Irregularity (14.29%), Erythema (8.57%) Keratinization (8.57%). Only 1 description included the dimensions of the lesion.

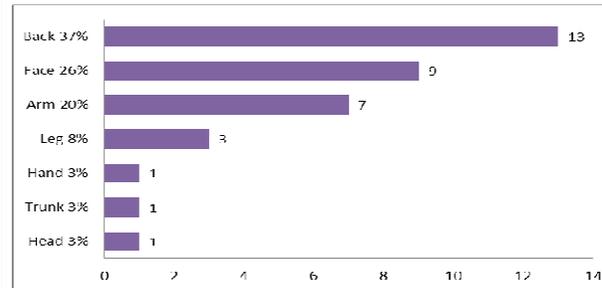


FIGURE 1: Location of Skin Lesions Biopsied

11 charts recorded a differential diagnosis in the notes or on histology report.

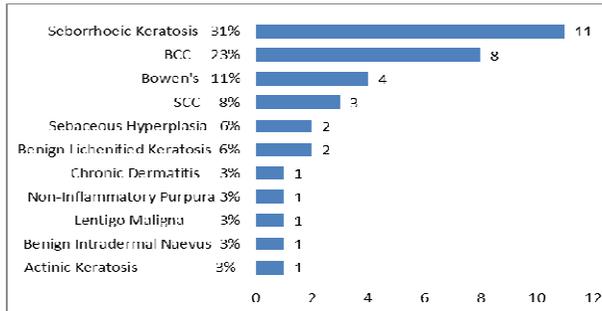


FIGURE 2: Histological Diagnosis of Biopsied Lesions

Consent was documented in only 1 of the recorded cases.

Further Management of lesions:

42.8% required no further management.

31.43% were referred to a consultant dermatologist /plastic surgeon.

11.43% received cryotherapy,

8.57% had complete excision of the lesion and

2.86% each had topical therapy and dressings

Histology Sample information:

Location was recorded 85.71% of the time.

65.71% recorded evolution or change in the lesion.

Colour of the lesion was reported in 28.57% of cases and

22.86% contained a differential diagnosis.

Size of the lesion was recorded 8.57 % of the time.

8.57% had no clinical information recorded.

DISCUSSION

The most commonly diagnosed skin lesion was seborrhoeic keratosis. 48 % of the skin lesions biopsied were malignant or pre-malignant making 7.8% of all presentations(17/217).

Recommendations:

1 The PCDS Guidelines be followed for recording all future lesions and a format has been incorporated in "Complete GP" to accommodate this. Without accurate clinical details both GP surveillance and the analysis of pathology specimens becomes more challenging^(1,5).

2 Though informed consent was obtained in all cases this consent was only evidenced once in the record. Informed consent should be obtained from all patients undergoing a procedure and evidence of it provided in the notes for the protection of the patient and GP⁽¹⁾.

3 The "Complete GP" computer programme has numerous advantages, including the ease with which an audit can be conducted using it. To avoid losing data during analysis, more consistency is required of GPs in coding lesions biopsied.

4 In the absence of a coherent Irish pathway incorporating primary care and hospital dermatological roles, guidelines such as those by PCDS should be made widely available to GPs to ensure highest standard of care for patients.

LIMITATIONS: The population surveyed was relatively small, thus statistical analysis was challenging.

Not all GPs use the coding facility when recording patient notes so some cases may have been missed out on.

CONCLUSIONS

GPs provide valuable dermatological services. A structured programme in Primary Care for the delivery of this service will ease the pressure on hospitals.

Of 35 biopsies, only 11 people(31.43%) ended up requiring referral to hospital specialists, a reduction of 24 on this sample or 68.57%. 35 referrals = average 105 OPD visits, GP programme would save approx 83 visits.

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