A descriptive study of the spectrum of dermatological surgery services provided by the University of KwaZulu-Natal Department of Dermatology at Inkosi Albert Luthuli Central Hospital

To the Editor: Dermatological surgery is the practice of dermatology specialising in surgical procedures and minimally invasive treatments.[1] Globally, outpatient dermatological surgery has been shown to be cost-effective, safe, efficacious and convenient for patients.[2] There is a paucity of data describing dermatological surgery in South Africa (SA). A retrospective chart review of patients attending the Inkosi Albert Luthuli Central Hospital (IALCH) dermatological surgery clinic in Durban, KwaZulu-Natal (KZN), was conducted over 15 months (1 January 2019 - 31 March 2020). It coincided with the conclusion of the Global Health Dermatologic Surgery training programme, an international collaboration providing dermatological training to the University of KZN Department of Dermatology. The aim of the study was to describe the spectrum of surgical indications for dermatological surgery.

A total of 37 patients with 38 indications were seen during the study period. The majority of conditions were benign (*n*=32, 84.2%), with non-benign conditions constituting 15.8% (*n*=6) of cases. Keloids and basal cell carcinomas (BCCs) were the most common benign and non-benign conditions, respectively. Overall, the most common clinical indication for dermatological surgery was keloids (57.9%), followed by BCCs (13.2%), sebaceous cysts (7.9%), epidermoid cysts (5.3%), neurofibromas (5.3%), trichilemmal cysts (2.6%), lipomas (2.6%), fibroepithelial polyps (2.6%) and squamous cell carcinomas (2.6%) (Table 1).

Of the 21 patients who presented with keloids, 20 were black African patients (95.2%), a finding in keeping with data from other African countries. Keloids were also noted to be more common in females (52.4%, *n*=11).

BCCs were the most commonly seen malignancy, in keeping with both local and international literature on skin cancer.[3,4] BCCs were seen equally in both black African and white patients (*n*=2, 40%, respectively), with the median age being 26.0 years in black patients and 61.0 years in white patients. Additional diagnoses of oculocutaneous albinism (OCA) in both of the black patients with BCCs accounts for the much lower median age that is generally noted. OCA is estimated to occur in 1 in 3 900 in the black African population of SA,[5] and is a documented risk factor for the development of skin cancer.[6]

Our study is important in describing the spectrum of dermatological surgery services provided at a tertiary public sector hospital in KZN. The spectrum of cases is reflective of the population accessing care, and the conditions that most commonly require surgical intervention in the KZN public health sector. Although ours was a small study, keloids were the most common condition treated, hence a greater understanding and direction of resources for management of this resistant condition is necessary.

A deeper understanding of commonly treated dermatological surgery conditions may also serve to facilitate more appropriate interdisciplinary referral of patients, thereby allowing patients greater access to this specialised service.

Table 1. Demographic and clinical profile of participants (*N*=37)

Characteristic	Basal cell carcinoma (*n*=5)	Squamous cell carcinoma (*n*=1)	Sebaceous cyst (*n*=3)	Keloid (*n*=21)	Neurofibroma (*n*=2)	Fibroepithelial polyp (*n*=1)	Lipoma (*n*=1)	Epidermoid cyst (*n*=2)	Trichilemmal cyst (*n*=1)	Overall (*N*=37)
Race, %										
Black African	2 (40.0)	0 (0.0)	1 (33.3)	20 (95.2)	0 (0.0)	1 (100.0)	1 (100.0)	1 (50.0)	1 (100.0)	27 (73.0)
Mixed ethnicity	1 (20.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.7)
Indian	0 (0.0)	0 (0.0)	2 (66.7)	1 (4.8)	2 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	5 (13.5)
White	2 (40.0)	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (50.0)	0 (0.0)	4 (10.8)
Gender, %										
Female	2 (40.0)	0 (0.0)	0 (0.0)	11 (52.4)	1 (50.0)	1 (100.0)	1 (100.0)	1 (50.0)	1 (100.0)	18 (48.6)
Male	3 (60.0)	1 (100.0)	3 (100.0)	10 (47.6)	1 (50.0)	0 (0.0)	0 (0.0)	1 (50.0)	0 (0.0)	19 (51.4)
Age, years										
Median (Q1 - Q3)	52.0 (34.0 - 70.0)	77.0 (77.0 - 77.0)	26.0 (25.0 - 29.0)	23.0 (19.0 - 26.0)	32.0 (30.0 - 34.0)	49.0 (49.0 - 49.0)	26.0 (26.0 - 26.0)	54.5 (49.8 - 59.3)	36.0 (36.0 - 36.0)	26.0 (21.0 - 40.0)
Range	18 - 77	77 - 77	24 - 32	6 - 57	28 - 36	49 - 49	26 - 26	45 - 64	36 - 36	6 - 77

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1. American Society for Dermatologic Surgery. Dermatologic Surgery Information. ASDS, 2020. https://www.asds.net/skin-experts/dermatologic-surgery (accessed 1 September 2021).
2. James WD, Elston DM, Treat JR, Rosenbach MA, Neuhaus IM. Andrews' Diseases of the Skin. 13th edition. Amsterdam: Elsevier, 2020.
3. Lomas A, Leonardi-Bee J, Bath-Hextall F. A systematic review of worldwide incidence of nonmelanoma skin cancer. Br J Dermatol 2012;166(5):1069-1080. https://doi.org/10.1111/j.1365-2133.2012.10830.x
4. De Wet J, Steyn M, Jordaan HF, Smith R, Claasens S, Visser WI. An analysis of biopsies for suspected skin cancer at a tertiary care dermatology clinic in the Western Cape Province of South Africa. J Skin Cancer 2020;2020:9061532. https://doi.org/10.1155/2020/9061532
5. Norval M, Kellett P, Wright CY. The incidence and body site of skin cancers in the population groups of South Africa. Photodermatol Photoimmunol Photomed 2014;30(5):262-265. https://doi.org/10.1111/phpp.12106
6. Wright CY, du Preez DJ, Millar DA, Norval M. The epidemiology of skin cancer and public health strategies for its prevention in southern Africa. Int J Environ Res Public Health 2020;17(3):1017. https://doi.org/10.3390/ijerph17031017

S Afr Med J 2022;112(10):784-785. https://doi.org/10.7196/SAMJ.2022.v112i10.16769