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Case Report Open & Access

Mobile Teledermatology of Acute Allergic Angioedema Case Reported

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ABSTRACT

Mobile Teledermatology of Acute allergic angioedema case report

Background: In addition, this type of angioedema can occur if an insect or spider bites you. Acute allergic angioedema happens quickly, usually within minutes to about one to two hours after you've made contact with the allergen. You almost always have. hives along with the swelling

Patients and Methods: Ten years old Yemeni boy children patient presented with two big swelling in his forehead of acute onset. His father take photo for him by mobile and sent me through WhatsApp. Mobile Teledermatology. This occurred after insect bite. He was treated by oral antihistamine and topical steroid. There were no any investigations.

Results: The clinical data and the investigations showed that patient had acute allergic angioedema.

Conclusion: Acute allergic Angioedema was common skin disease caused by insect bite.

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Case Study

10 years old Yemeni boy children patient presented with two big swellings in his forehead of acute onset. His father take photo by his mobile for this son and sent it to me by WhatsApp tele dermatology. I followed him out patient and no any investigations needed. The patient treated with oral antihistamine and topical steroid. The main cause is insect bite (Figure 1).



Figure 1: Forehead Two Big Swellings of Acute Allergic Angioedema

Comment

Teledermatology is a subspecialty in the medical field of dermatology and probably one of the most common applications of telemedicine and e-health. In teledermatology, telecommunication technologies are used to exchange medical information (concerning skin conditions and tumors of the skin) over a distance using audio, visual, and data communication [1-4]. Applications comprise health care management such as diagnoses, consultation, and treatment as well as (continuous) education. The dermatologists Perednia and Brown were the first to coin the term "teledermatology" in 1995. In a scientific publication, they described the value of a teledermatologic service in a rural area underserved by dermatologists Mobile telemedicine is a system in which at least one [5-9], participant (the person seeking advice or the doctor, for instance) uses wireless or mobile equipment i.e. mobile phones, handheld devices), in contrast to conventional stationary telemedicine platforms. Travelers who develop skin lesions as well as doctors who are on the move in hospital/non-hospital area can benefit from this new development in teledermatology [10-13]. To facilitate access to medical advice and enable individuals to play a more active role in managing their own health status, mobile teledermatology seems to be especially suited for patient filtering or triage. (i.e. referral based on the severity and character of their skin condition). Another possible practical application is for follow-up of individuals with chronic skin conditions. However, currently available studies show a high rate of missed skin cancers including melanoma, and there is not enough robust data to recommend this method of diagnosis and treatment. Suitability of cases Not all cases are suitable for teledermatology [14-

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17]. The type of cases, suited for teledermatology is a topic, which requires more studies. Some studies have observed that eczema and follicular lesions were diagnosed with relatively more certainty, while in some other studies it was seen that diagnoses were made with more certainty in cases like viral warts, herpes zoster, acne vulgaris, irritant dermatitis, vitiligo, and superficial bacterial and fungal infections. Implemented projects by country of Yemen [18-24]. Angioedema is swelling that is similar to hives, but the swelling is under the skin instead of on the surface. Hives are often called welts. They are a surface swelling. It is possible to have angioedema without hives. Hives and angioedema may also occur after infections or with other illnesses (including autoimmune disorders such as lupus, and leukemia and lymphoma). A form of angioedema runs in families and has different triggers, complications, and treatments. This is called hereditary angioedema. The main symptom is sudden swelling below the skin surface. Welts or swelling on the surface of the skin can also develop. The swelling usually occurs around the eyes and lips. It may also be found on the hands, feet, and throat. The swelling may form a line or be more spread out. The welts are painful and may be itchy. This is known as hives (urticaria). They turn pale and swell if irritated. The deeper swelling of angioedema may also be painful. Angioedema that does not affect the breathing may be uncomfortable. It is usually harmless and goes away in a few days [25-30].

References

- ATA Teledermatology SIG (2007) American Telemedicine Association.
- Wootton R, Craig J, Patterson V (2017) Realtime Telemedicine Introduction to Telemedicine (Second ed). CRC Press 88.
- 3. Wurm EM, Hofmann-Wellenhof R, Wurm R, Soyer HP (2008) Telemedicine and teledermatology: Past, present and future. Journal of the German Society of Dermatology 6: 106-112.
- 4. Burg G, Soyer HP, Chimenti S (2005) Teledermatology. In Frisch P, Burgdorf W (eds.). EDF White Book, Skin Diseases in Europe. Berlin 130-133.
- 5. Perednia DA, Brown NA (1995) Teledermatology: one application of telemedicine. Bulletin of the Medical Library Association 83: 42-47.
- 6. Chuchu Naomi, Dinnes Jacqueline, Takwoingi Yemisi, Matin Rubeta N, Bayliss, Susan E, et al. (2018) Cochrane Skin Group. Teledermatology for diagnosing skin cancer in adults. Cochrane Database of Systematic Reviews 12.
- 7. Telederm.org. eDermConsult telederm.org dermatological advice on a click!.
- 8. Binder B, Hofmann-Wellenhof R, Salmhofer W, Okcu A, Kerl H, (2007) Teledermatological monitoring of leg ulcers in cooperation with home care nurses. Archives of Dermatology 143: 1511-1514.
- 9. Ford Adam R, Gibbons Caitlin M, Torres Josefina, Kornmehl Heather A, Singh Sanminder, et al. (2019) Access to Dermatological Care with an Innovative Online Model for Psoriasis Management: Results from a Randomized Controlled Trial. Telemedicine and e-Health 25: 619-627.
- IDD International Dermoscopy Diploma (2011) Medizinische Universität Graz.
- 11. Derm Net NZ. New Zealand Dermatological Society.
- 12. Massone C, Soyer HP, Lozzi GP, Di Stefani A, Leinweber B, et al. (2007) Feasibility and diagnostic agreement in teledermatopathology using a virtual slide system. Human Pathology 38: 546-554.
- 13. Bauer J, Leinweber B, Metzler G, Blum A, Hofmann-Wellenhof R, et al. (2006) Correlation with digital dermoscopic images can help dermatopathologists to diagnose equivocal skin tumours. The British Journal of Dermatology 155: 546-551.

- 14. Handyscope (2018) FotoFinder Systems GmbH.
- Snoswell C, Finnane A, Janda M, Soyer HP, Whitty JA (2016) Cost-effectiveness of Store-and-Forward Teledermatology: A Systematic Review (PDF). JAMA Dermatology 152: 702-708.
- 16. Chuchu N, Takwoingi Y, Dinnes J, Matin RN, Bassett O, et al. (2018) Smartphone applications for triaging adults with skin lesions that are suspicious for melanoma. The Cochrane Database of Systematic Reviews 12.
- 17. Kaliyadan F, Venkitakrishnan S (2009) Teledermatology: clinical case profiles and practical issues. Indian Journal of Dermatology, Venereology and Leprology 75: 32-35.
- 18. Schofield J, Grindlay D, Williams H (2009) Skin conditions in the UK: a health care needs assessment. Nottingham: Centre of Evidence Based Dermatology, University of Nottingham.
- 19. The Operating Framework for the NHS in England (2011) Department of Health. GOV.UK.
- 20. Skin cancer responds to around 30% of all malignant tumors in the Country (2019) Sociedade Brasileira de Medicina Tropical.
- Von Wangenheim A, Nunes DH (2019) Creating a Web Infrastructure for the Support of Clinical Protocols and Clinical Management: An Example in Teledermatology. Telemed J e Health 25: 781-790.
- Giavina Bianchi M, Santos A, Cordioli E (2021) Dermatologists' perceptions on the utility and limitations of teledermatology after examining 55,000 lesions. J Telemed Telecare 27: 166-173.
- Snoswell CL, Caffery LJ, Whitty JA, Soyer HP, Gordon LG (2018) Cost-effectiveness of Skin Cancer Referral and Consultation Using Teledermoscopy in Australia. JAMA Dermatology 154: 694-700.
- Snoswell CL, Whitty JA, Caffery LJ, Finnane A, Soyer HP (2019) What do Australian dermatologists expect to be paid for store-and-forward teledermoscopy? A preliminary investigation. Journal of Telemedicine and Telecare 25: 438-444.
- 25. American Academy of Asthma Allergy & Immunology (2024) Multiple pages reviewed for this article. Treatment of Hereditary Angioedema https://www.aaaai.org/tools-for-the-public/drug-guide/immunomodulator-medications.
- 26. Bernstein JA, Cremonesi P, Hoffmann TK, Hollingsworth J (2017) Angioedema in the emergency department: a practical guide to differential diagnosis and management. Int J Emerg Med 10: 15.
- Maurer M, Fluhr JW, Khan DA (2018) How to Approach Chronic Inducible Urticaria. J Allergy Clin Immunol Pract 6: 1119-1130.
- 28. Memon RJ, Tiwari V (2023) Angioedema In: Stat Pearls. Treasure Island (FL): Stat Pearls https://www.ncbi.nlm.nih.gov/books/NBK538489/.
- 29. Merck Manuals (2022) Angioedema https://www.merckmanuals.com/home/immune-disorders/allergic-reactions-and-other-hypersensitivity-disorders/angioedema.
- 30. Tarbox JA, Bansal A, Peiris AN (2018) Angioedema JAMA 319: 2054.

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