

Diagnostic Dermoscopy

The Illustrated Guide

SECOND EDITION

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Preface

Since the first edition of this textbook, 10 years ago, the utilisation of dermoscopy has steadily evolved. Although the principles and technology remain relatively unchanged, the main development is in relation to the language and terminology used and the widespread adoption of dermoscopy across clinical practice, beyond skin lesion diagnosis alone.

An evolving trend has now been to describe dermoscopic structures in a language or terminology which translate easily worldwide. This means that the dermoscopic future, and this textbook, will have less 'xanthomatous clouds' and 'cherry blossom vessels' and more dots, globules, blotches, circles and lines.

Having a reproducible language is clearly an advantage for education and learning, reducing uncertainty and the potential for miscommunication. Additionally, this minimalistic language lends itself to wider applications from teledermoscopy to artificial intelligence.

This book has therefore evolved and adapted its terminology wherever possible to embrace this new standardisation of the dermoscopic language. However, there will be scenarios and examples where historical descriptions remain; please accept that it is done to give more colour to the depth to the diagnostic, descriptive palette, and hopefully not to cause confusion.

Learning is a complex process which is influenced by many factors. How we learn is unique to the individual. The historical medical mantra of 'see one, do one, teach one' has been repeated for generations, particularly when learning procedural based tasks. However, this mantra is not relevant for the diagnostic arena, as you would clearly need to see more than two melanomas before being competent in melanoma diagnosis. Moreover, for improving clinical diagnosis we rely on experience, based upon repeated clinical exposure, clinical teaching, in addition to learning from an arrangement of medical media.

In this edition of this textbook we aim to increase learning for skin cancers and particularly melanoma by highlighting the many ways in which melanoma presents. But, rather than attributing melanoma diagnosis as mercurial, unpredictable and random, we have illustrated reproducible distinct morphological patterns of melanoma. These repeatable patterns of presentation create a morphological map of melanoma. Additionally, by illustrating many examples of each feature we aim to influence perceptual learning and thereby increase the readers' confidence and diagnostic ability for melanoma detection.

Understanding the presentations of this most malign medical diagnosis is the primary aim of this book. For early diagnosis is the most important factor in influencing survival from melanoma.

These changes would not have been possible without the valuable contributions of my co-editors Alex Chamberlain and John Paoli. Both are internationally known for their enthusiasm for dermoscopy education and their dermatological expertise. I have learnt numerous pearls of wisdom from these passionate diagnosticians over the course of this project. Alex has a natural flare for editing and when combined with John's multilingual approach to the dermoscopic literature the result is a comprehensive, focused and enhanced text. Their dermoscopic expertise has enriched this book with expert tips, accurate references and standardisation of terminology.

Together, this dermoscopic triumvirate has spent many months creating and editing content, and distilling the message of diagnosis in to a succinct and readable text. We hope you agree, and that you will find it a valuable addition to your clinical practice.

Jonathan Bowling

It has been a great pleasure to join with my colleagues John Paoli and Jonathan Bowling in co-editing the 2nd edition of Diagnostic Dermoscopy: The Illustrated Guide. I feel fortunate to have started my dermatology journey just as dermoscopy was taking off as a new discipline, hence my fascination and interest. This text brings together over 60 years of collective dermoscopy experience and the distance between our hometowns on opposite poles of the world has not dampened the collaborative process one bit. I owe plenty to mentors both in Australia and abroad, along with world experts I've been privileged to connect with at meetings and congresses. There has been no doubt that dermoscopy has absolutely changed the way we all approach diagnosis of skin lesions and with the concerted research efforts of many, the field has continued to evolve just when you thought everything had been described! I would urge those early in their journey to continue your professional

development through reading, reflection and audit as we never truly stop learning.

I very much enjoyed the first edition of the 'Bowling textbook'. It was very readable, the images were excellent and the pearls were non-algorithm aligned. I happily recommended it to trainees and indeed endorsed it for the required reading list for the Australasian College of Dermatologists. My brief time working with Jonathan in 2007 in Oxford was a fruitful period and I'm thrilled that we've been able to collaborate again many years down the track. This text is aimed at all health practitioners willing to pick up a dermoscope. It has expanded since the 1st Edition naturally. Hopefully it will garner greater enthusiasm amongst readers to share the passion, to teach, to publish and continue to push the limits of non-invasive diagnosis.

Alex Chamberlain

Ever since I started teaching dermoscopy, I have recommended Jonathan Bowling's 1st edition of *Diagnostic Dermoscopy: The Illustrated Guide* to my students. The combination of concise and simple descriptions of dermoscopic findings, the vast collection of cases and the practical color-coding of the chapters for quick access to the chapter of interest make it a fantastic reference work for everyone learning dermoscopy. Thus, it was an enormous honour to be invited to contribute as a consultant editor together with Alex Chamberlain to this new edition you are holding in your hands.

The 2nd edition offers even more cases to be enjoyed and learned from while sticking to Jonathan's winning concept of brief but comprehensive texts presented in an orderly fashion. The chapters on melanocytic lesions and melanoma have grown substantially. The melanoma chapter has been divided into four separate sections and the previous chapter on special sites has now become five for even easier reading and comprehension. Furthermore, new diagnoses have been added to the general dermatology chapter and completely new chapters on vascular

structures, genetic conditions, entomodermoscopy and miscellaneous clinical scenarios have been added. Beyond new images and more practical chapter categorisation, we have also increased the number of valuable clinical tips and references, which can now be found at the bottom of almost every page. Finally, the dermoscopic terminology has been modernised and standardised as much as possible to avoid confusion when comparing our book with other relevant modern literature on dermoscopy.

It has been a true privilege and a very rewarding experience to collaborate with Jonathan and Alex on this book. I thoroughly enjoyed our weekly Zoom meetings, email conversations and WhatsApp discussions, which helped us overcome ten-hour time zone differences and made the journey leading to the final product a real joyride. The changes and optimisations were a result of fruitful teamwork and our shared passion for dermoscopy and teaching. All in all, I feel very confident that this book will be enjoyed by you the reader.

John Paoli