

LETTERS

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Skin lesion excision in general practice

Sir,

Removal of small skin lesions by general practitioners appears to be becoming more popular since the introduction in April 1990 of a financial incentive to perform minor surgical procedures.¹⁻³ Advantages to the patient include the availability of local treatment and the ease of long term follow up. Research was undertaken in Grampian region to assess trends in general practitioners' practice of skin biopsies over a four year period.

All 1192 skin biopsies sent to the pathology department at Aberdeen Royal Infirmary by general practitioners in the Grampian region over four six month periods from 1 April to 30 September between 1987 and 1990 were studied. Information collected included provisional diagnosis, histopathological diagnosis and adequacy of excision.

After April 1990 there was a twofold increase in the number of skin biopsies taken (Table 1). This increase was significantly greater than the increases observed over previous years ($P < 0.01$, chi square test) and was noted throughout Grampian region. Particularly striking, however, was the contribution made to this increase by Aberdeen general practitioners whose contribution increased nearly five fold ($P < 0.001$) from previously low numbers of biopsies.

Non-benign lesions (malignant lesions and carcinomas in situ) accounted for 72

(6%) of the 1192 lesions excised. Most malignant lesions were squamous carcinomas, basal cell carcinomas or malignant melanomas although one lymphoma and one Merkel cell tumour were identified. Less than one third of biopsies (22) with a non-benign histopathological diagnosis had such a diagnosis (or an indication of suspicion) written on the request form from the general practitioner. The proportion and actual number of histologically incompletely excised lesions rose significantly over the four years ($P < 0.01$, Table 1). Over the four years incompletely excised malignant lesions comprised four squamous carcinomas, three basal cell carcinomas, one malignant melanoma and one Merkel cell tumour. Five of these nine cases occurred after April 1990.

The rise in the number of skin biopsies by general practitioners may be partly artefactual owing to specimens being sent in, which previously went unexamined, but presumably the rise mainly reflects financial remuneration available since April 1990. The striking increase in the number of biopsies sent in from general practitioners in Aberdeen, probably reflects the previous lack of incentive in an area with good access to hospital outpatient clinics.

The increase in the number of lesions which were histologically incompletely excised may partly reflect the increasing use of cautery to ablate the base of such lesions after surgical excision. Letters in the *Journal*⁴ (February, p.82) have emphasized the increasing enthusiasm for the use of cautery in general practice. In this study, the question cannot be addressed as the method of lesion removal or of subsequent therapies were rarely mentioned on the request form. Such request form details, as well as mention of whether the lesion is being removed for cosmetic reasons, would aid future studies in trying to gauge whether adequate excision could be discounted given it was not an aim of surgery in the first place. It might be argued that since the overwhelming proportion of lesions being tackled are benign, inadequate excision has few significant implications for the patient. It would seem appropriate, however, to en-

courage good practice and ensure complete excision in all cases, especially since in our study a third of the non-benign cases were not recognized as such before excision.

It is, therefore, timely that recent guidelines on minor surgery in general practice recommend that, as a minimum, a doctor should provide evidence of satisfactory attendance at a recognized theoretical course, together with evidence of practical experience in minor surgical procedures (The Royal College of General Practitioners and the General Medical Services Committee. Minor surgery in general practice, 1991).

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Use of accident and emergency services

Sir,

I enjoyed Jeremy Dale's thought provoking editorial on patients attending accident and emergency departments with general practice problems (*March Journal*,

Table 1. Number of skin biopsies received from general practitioners in the Grampian region over the six month period April to September between 1987 and 1990.

	1987	1988	1989	1990
Total no. of biopsies	151	225	255	561
No. of incompletely excised biopsies	8	18	20	77
No. of biopsies from GPs in Aberdeen	22	36	35	153