

COMMENTARY

The Evolving Dermatoscope

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Members of my staff were after me to clean out a drawer in one of the exam rooms. Sure enough, it was full of out-of-date vacutainers and butterfly needles, even though we stopped drawing blood years ago. But my real surprise was the Heine Delta 10 "[Dermatoskop](#) [<http://www.chironax.com/home/produkte.php?kat1=14&kat2=57&detail=212>](http://www.chironax.com/home/produkte.php?kat1=14&kat2=57&detail=212) ." It had to be 12 years old, and it was still in the original box. It was unbelievably never opened and never used. I never even put the batteries in, even though it cost more than \$500.00. I found this fascinating because a few years later, I bought my first 3Gen dermatoscope, the [DL100](#) [<http://www.doctordeponline.com/3gendermlitedl100pocketdermatoscope1each.aspx>](http://www.doctordeponline.com/3gendermlitedl100pocketdermatoscope1each.aspx) . Unlike the Heine, it fits neatly in the palm of my hand, and now it's like an extra appendage. I use it constantly, dozens of times every day. I don't just like it, I love it.

If I compare the 5 years before I used a dermatoscope to the last 5 years with the dermatoscope, I have diagnosed twice as many malignant melanomas per year, dramatically increased the rate of malignant melanomas per 1,000 patients and per 1,000 biopsies, and even the ratio of malignant melanoma to basal cell carcinomas. The increases are almost all because of improved identification of thin and in-situ lesions.

I have taken the courses and attended lectures on the use of dermatoscopy. I know I'm no expert, but it has revolutionized the way I look at the skin. I never miss pigmented basal cell carcinomas anymore. The tiny sliver of typical basal cell carcinoma is only visible with a dermatoscope. Those really dark angiomas, no problem; not to mention nail folds, scabies burrows, and scarring alopecia. Finally, pigmented lesions that look symmetric and uniform to the naked eye can look strikingly abnormal with a dermatoscope.

I have an even more personal connection with my 3Gen dermatoscope. The president of 3Gen is John Bottjer Jr. I have known him for more than 20 years, dating back to when he was designing thermal cautery devices for Geiger and electrocautery devices for Birtcher. We met because John's parents were both patients of mine. In a strange twist, I have used my 3Gen dermatoscope to diagnose melanomas in both of John's parents over the past 2 years. You'd think I'd get my

dermatoscopes for free, but I always buy them at the AAD meeting and get the special meeting price.

At a recent meeting, I upgraded to a new dermatoscope, the 3Gen [DermLite II Pro HR](https://www.dermlite.com/cms/en/products/pocket-dermoscopy-devices/dermlite-ii-pro-hr.html) [<https://www.dermlite.com/cms/en/products/pocket-dermoscopy-devices/dermlite-ii-pro-hr.html>](https://www.dermlite.com/cms/en/products/pocket-dermoscopy-devices/dermlite-ii-pro-hr.html) . It's brighter, bigger, and clearer than its predecessors, but it still fits neatly in my palm. Working without a dermatoscope is like working in the dark. Everyone should use one, and use it often.

So why didn't I ever use the very expensive Heine dermatoscope? As I told my staff when we found the box, it's all about form and function. Make something that works well, is easy to use, and looks cool, everyone will use it. Make it unwieldy, cumbersome, and just plain unappealing, and it stays in the box.

That said, I'm hoping to sell the Heine "dermatoskop," so call me if you want one, mint condition, original box!

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