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Picture perfect: Instagram as a source of dermatology training information

Dear Editor,

The importance of dermatology mentorship for medical students cannot be overemphasized, as dermatology has historically been one of the most competitive residencies. However, the COVID-19 pandemic has restricted in-person opportunities, which has made it difficult for students, especially those without access to a home dermatology program, to receive mentorship. Interestingly, a recent article by Zheng et al. described digital dermatology mentorship on Twitter during the COVID-19

pandemic.¹ Twitter and related social media platforms can have tremendous benefits for students who do not have access to home dermatology departments. We would like to bring attention to Instagram (IG), a photo-sharing social media platform used by approximately 500 million people daily, with more than 50% of users between the ages of 18–34.^{2,3}

Although IG has traditionally been used for entertainment, users may also use it for educational purposes, such as obtaining residency information and forming mentor–mentee relationships. For example, @derminterest—the official account of the dermatology interest group association (DIGA)—routinely posts information about research fellowships and sabbaticals at various institutions, which is useful as it provides medical students with opportunities that are generally promoted in academic circles and are otherwise difficult to locate. The DIGA also partnered with the Association of Professors of Dermatology (APD) to create a formal mentorship program that connects medical students without a home dermatology department with faculty at other institutions. This program was advertised on DIGA's IG account, where the sign-up sheet was also available.


Table 1 Types of mentorship opportunities on Instagram

Type Opportunities	Example Accounts	Examples
Research Opportunities	@derminterest	“Accepting applications for a 1-year research position available immediately at The University of Alabama at Birmingham with Dr. Hui Xu” Compiled a spreadsheet for medical school students and advanced to use to find dermatological research opportunities and fellowships across the United States
General Dermatology Advice	@nmaderm	Lecture on “How to make your personal statement stand out” from residents and chief residents from different programs Lecture on “Now that I've matched . . . What's next?” by the NMA Dermatological Mentorship Committee Promotion of the NMA's Annual Convention and Scientific Assembly with topics ranging from practice management such as “Starting your own debt-free practice” to educational tutorials including “Microneedling in Scarring Alopecia”
Residency/Research Fellowship Program Pages	@odac_derm	Advice regarding “Employment contract negotiations in dermatology” and physician aspirations' effect on patient care
Grants/Scholarships	@derminterest	“UCSF Epidemiology of Inflammatory Skin Disease Fellowship” Information regarding program updates “Opening for Funded PGY-2 Rheumatologic Dermatology Fellowship”
	@umichderm	Michigan Dermatology Society Meeting Hosted by the University of Michigan Medical School for Students
Diversity in Dermatology Education	@hfhsdermres	Department of Dermatology Clinical Research Fellowship Application Advertisements
	@odac_derm	“CMMP Medical Student National Grants to aid students of underrepresented minorities with residency preparation expenses” “More than 1000 scholarships available to attend the virtual congress of the European Academy of Dermatology”
General Education	@nmaderm	Academic Lectures pertaining to minority related health issues and modes of treatment such as “Why black women lose their hair” from licensed stylists and dermatologists
	@odac_derm	“Virtual Meetings with the JDD: Sun care for all: new insights and solutions for protecting patients of all skin tones” Literature Reviews regarding minority-related issues including, “Choosing the Right Sunscreen in Communities of Color”
	@skinfocolorsociety	
	@derminterest	“Certified Melanoma Educator Course”

Many residency programs also have IG accounts that provide information about their programs. Some residency IG pages provide information about “meet-and-greet” sessions with residents, either by providing session links or IG “live,” a feature in which a host streams video while providing viewers the opportunity to directly engage with them by commenting. These sessions provide avenues for students to network with such individuals after presentations.

There are also different opportunities available for students on IG in addition to the traditional mentorship. Information on grants, scholarships, and webinars focused on preparing students for residency are routinely posted on different pages, such as @nmderm. Students also have the ability to directly message any dermatologist influencers to obtain mentorship remotely. As discussed by Zheng et al., this is useful as it allows for mentorship opportunities that would have not been geographically possible otherwise.¹ Table 1 provides an overview of different opportunities on IG and lists examples for medical students.

Similar to Twitter, IG could be used to supplement, not replace, traditional mentorship.¹ As COVID-19 has limited opportunities for medical students—especially those without home dermatology programs—the use of Instagram to promote and organize virtual educational lectures and mentorship programs is increasingly important in light of restrictions on clinical rotations. Social media platforms such as Twitter and Instagram have the distinct opportunity to expand dermatology opportunities and information and ultimately cultivate a future generation of pioneers in the field.

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A case of childhood granulomatous periorificial dermatitis mimicking lichen nitidus

Dear Editor,

Childhood granulomatous periorificial dermatitis (CGPD) is a type of granulomatous dermatosis, which affects pre-pubescent children. CGPD is characterized by monomorphic red to yellow papular eruptions around the eyes, nose, and mouth that show non-caseating granulomatous infiltrates in the dermis and perifollicular lesions. Differential diagnoses include granulomatous rosacea, perioral dermatitis, sarcoidosis, and lupus miliaris disseminatus faciei.¹ Here, we report a case of CGPD, in which the primary skin lesions were tiny skin-colored monomorphic papules that clinically resembled to lichen nitidus.

A 9-year-old Japanese boy presented with a 6-month history of facial skin eruptions. Topical steroids, 0.03% tacrolimus ointment, and nadifloxacin cream did not work, and the skin lesions gradually worsened. A physical examination revealed numerous 1-mm-sized, monomorphic, discrete, skin-colored, shiny, non-scaly papules located around the eyes, mouth, nose, and cheeks (Fig. 1a,b). There was no erythema around these papules. No pustules, comedos, or telangiectasia was observed, either. He was otherwise healthy and was not taking any medication. A histopathological examination demonstrated granulomatous infiltrates in the dermis, which was composed of histiocytes, lymphocytes, and multinucleated giant cells (Fig. 1c, d). Some small granulomas were also found adjacent to the hair follicles in the upper dermis (Fig. 1e). There was no caseation necrosis within the granulomas. Based on these findings, we made a diagnosis of CGPD. Systemic treatment with 300 mg/day clarithromycin was initiated. Five weeks later, the lesions had improved, and many papules had resolved without scarring.

The characteristic skin eruptions of CGPD involve discrete, 1- to 3-mm, dome-shaped, red or yellow-brown papules, which are usually accompanied by erythema or scaling.^{2,3} In contrast, the skin lesions in our case were composed exclusively of tiny, skin-colored, shiny papules, and there was no erythema. These features resulted in a clinical resemblance to lichen nitidus, which is rare for CGPD. Hence, we initially considered actinic lichen nitidus as a possible diagnosis. Actinic lichen nitidus is a photo-induced lichenoid eruption, which produces similar skin lesions to lichen nitidus on sun-exposed areas and displays the histologic features of classic lichen nitidus.⁴ However, in our case, granulomatous infiltrate did not attach to the epidermis, and the so-called “claw clutching a ball” pattern, which is suggestive of lichen nitidus, was not observed either. Based on these findings, we differentiated our case from actinic lichen nitidus.