

elaborate and reaffirm understanding of terminology being used.

We thank Zoe I. Smith and Jeremy Grekin, Wayne State University School of Medicine, for their assistance.

Brett C. Neill, MD,^a Nicholas Golda, MD,^b Edward W. Seger, MD, MS,^a Jo Wick, PhD,^c Jacob Whitsitt, MD,^a Alison Huber, MD,^b Thomas Chu, MD,^d Geoffrey A. Potts, MD,^d Peter Chow, BS,^e Sarah Moore, BS,^e Joseph W. Fakhoury, BS,^d Anand Rajpara, MD,^a and Thomas L. H. Hocker, MD^a

From the Division of Dermatology, University of Kansas Medical Center, Kansas City^a; Department of Dermatology, University of Missouri School of Medicine, Columbia^b; Department of Biostatistics and Data Science, University of Kansas Medical Center, Kansas City^c; Department of Dermatology, Wayne State University, Detroit, Michigan^d; and University of Kansas School of Medicine, Kansas City.^e

Funding sources: None.

Conflicts of interest: None disclosed.

IRB approval status: Reviewed and approved by the University of Kansas Medical Center IRB.

Reprints not available from the authors.

Correspondence to: Brett Neill, MD, Division of Dermatology, University of Kansas Medical Center, 3901 Rainbow Blvd, Kansas City, Kansas 66160

E-mail: bcneill6@gmail.com

REFERENCES

1. Berkman ND, Sheridan SL, Donahue KE, et al. Low health literacy and health outcomes: an updated systematic review. *Ann Intern Med.* 2011;155(2):97-107.
2. Kelly PA, Haidet P. Physician overestimation of patient literacy: a potential source of health care disparities. *Patient Educ Couns.* 2007;66(1):119-122.

<https://doi.org/10.1016/j.jaad.2020.01.016>

The value of pantomiming for allergic contact dermatitis



To the Editor: Pantomiming enables humans to communicate through mimicry in a context in which the physical tools of reference are not present.^{1,2}

Pantomime in dermatology can be useful to help understand the pattern of allergic contact dermatitis (ACD). For example, *Alstroemeria*, the Peruvian lily, is a well-documented occupational allergen for florists (Fig 1).³ The distribution of ACD can be



Fig 1. Allergic contact dermatitis in a florist due to tulipalin A allergen in the Peruvian lily. Classic distribution involves the tips of the thumbs and radial surfaces of the index and middle fingers of the dominant hand.

clarified when a florist pantomimes how he or she places the hand on the flower to strip the stem.³ Garlic is another well-recognized cause of ACD; pantomime can help explain a distribution involving the nondominant thumb and index finger, which hold the garlic as the dominant hand cuts it (Fig 2).⁴

We present 3 cases for which pantomime was useful in diagnosing ACD.

Case 1: Explaining rash distribution. A patient presented with sharply demarcated dermatitis of the left side of the neck. She had positive reactions on patch tests to gold, neomycin, and budesonide. Pantomiming the application of topical medications was helpful in understanding the distribution of her ACD (Fig 3). If the hands are spared (and, therefore, the relevance of topical medicament is questioned), it can be useful to ask what was used to apply the medication (eg, fingertips, cotton applicators, gauze, tissues). Sparing of fingertips may be explained if an applicator was used or if the hands were washed immediately after application.

Case 2: Guiding selection of patch test allergens. An auto body shop worker presented with bilateral dorsal hand dermatitis. When pantomiming daily work tasks, the patient demonstrated using the dorsal aspect of his hands to put pressure on panels after applying an adhesive. Possible exposure to acrylate adhesive residue on the panels prompted testing an acrylate adhesive series. He showed allergy to ethylene glycol dimethacrylate and other acrylates that may have been missed on testing with only a standard screening series.

Case 3: Identifying the primary source of relevance. A pipefitter presented with dermatitis of the left hand and periumbilical region. Overlying the rash were splotches of dried white material on his shirt, which prompted a request for him to pantomime how that substance got there. The



Fig 2. Allergic contact dermatitis. A classic distribution of a rash due to garlic allergen involving the nondominant hand.



Fig 3. Allergic contact dermatitis in a patient allergic to gold and medicaments.

patient pantomimed holding a paint tray with his left hand lodged against his periumbilical region while using a paintbrush to dip into the tray. The lubricant substance in the tray would splash over the edge onto his left hand and the clothing over his abdomen. The patch testing result was positive for lanolin, relevant to the lubricant and to the medication used to treat the dermatitis.

When using pantomime, prompt the patient by saying, “Let’s pretend” or “Show me,” referring to the use of an object. Statements such as “How do you use this?” should be avoided because they may confuse the patient and make the process awkward. It may be helpful to hand any object to the patient that approximates the size of the item he or she is pretending to handle. Pantomiming can be very helpful in understanding unusual patterns of dermatitis.

Pantomiming can be a powerful diagnostic modality that allows the physician to observe how patients may interact with various products to better diagnose ACD.

Payvand Kamrani, BS,^a and Susan Nedorost, MD^b

From the Philadelphia College of Osteopathic Medicine, Pennsylvania^a; and Case Western Reserve

University, University Hospitals Cleveland Medical Center, Department of Dermatology, Ohio.^b

Funding sources: None.

Conflicts of interest: None disclosed.

IRB approval status: Reviewed and approved by the Sparta IRB (STUDY20191228).

Reprints not available from the authors.

Correspondence to: Payvand Kamrani, 500 N 18th St, Philadelphia, PA 19130

E-mail: payvandkb@pcom.edu

REFERENCES

1. Broadbent R. History of Pantomime. Alexandria, VA: International Business Publications; 2018.
2. Lausberg H, Kazzar P, Heekeren HR, Wartenburger I. Pantomiming tool use with an imaginary tool in hand as compared to demonstration with tool in hand specifically modulates the left middle and superior temporal gyri. *Cortex*. 2015;71:1-14.
3. McGovern TW, Alstroemeria L. (Peruvian lily). *Am J Contact Dermat*. 1999;10(3):172-176.
4. Hughes TM, Varma S, Stone NM. Occupational contact dermatitis from a garlic and herb mixture. *Contact Dermatit*. 2002;47(1):48.

<https://doi.org/10.1016/j.jaad.2020.01.027>

Depression screening at visits for acne in the United States, 2005-2016



To the Editor: Acne is associated with mental health problems, including low self-esteem, depression, and suicidality.^{1,2} Thus, screening for depressive symptoms may be beneficial among this population. However, it is unclear how often physicians in routine practice screen individuals with acne for depression.

The purpose of this study was to examine rates of depression screening at visits for acne in the United States using data from the National Ambulatory Medical Care Survey (NAMCS, 2005-2016) and the National Hospital Ambulatory Medical Care Survey (NHAMCS, 2005-2011), which sample visits to non-federally employed, office-based physicians and outpatient departments, respectively.³ Because the prevalence of acne decreases with age, we limited our sample to visits for individuals ages 10 through 40 years. Visits for acne were identified using International Classification of Disease—9th Revision code 706.1 and International Classification of Disease—10th Revision codes L70.0 and L70.9. We were unable to compare screening rates at new versus follow-up visits due to sample size limitations.