Results: One hundred and seventy-four patients were included, 142 (81.6%) patients from the outpatient clinic and 32 (18.4%) patients hospitalized. The mean age was 45.1 (SD±10.6) years, 135 (77%) were females, 54 (31%) patients were under initial diagnosis evaluation, 30 (17.2%) had RA, 25 (14.4%) patients had SLE, 15 (8.6%) patients had psoriatic arthritis, 12 (6.9%) patients had systemic sclerosis, 6 (3.4%) patients had dermatomyositis. The main reasons for consultation in hospitalized patients were acute lupus (15.6%), subacute lupus (12.5%), purpura (12.5%), cutaneous vasculitis (9.4%), urticarial dermatitis (9.4%), dermatomyositis (6.3%) and others (34.3%). The consultation requested was: 156 (89.7%) to Dermatology and 18 (10.3%) to Rheumatology. The type of treatment prescribed was topic/local in 37 (21.3%) patients, systemic in 25 (14.4%) and both in 92 (52.9%) patients. The final diagnoses were related to the underlying disease in 102 (77%) patients and unrelated in 40 (23%) patients. The consultation requested for acute lupus was 15 (9.4%), dermatomyositis (6.3%) and others (34.3%). The consultation requested for hospitalization was acute lupus (15.6%), subacute lupus (12.5%), acute vasculitis (12.5%), urticarial dermatitis (9.4%), dermatomyositis (6.3%) and others (34.3%).

Conclusion: The collaboration between Dermatology and Rheumatology services is very important. Most of the patients were under initial evaluation. All the rheumatologists and dermatologists should be aware of the interdependence from both specialties to give the best quality of care to the patients.

REFERENCES: