A barrier to closing this gap is the responsibility of assembling and updating systematically reviewed current medical evidence in areas of interest to the general public and collecting these easily digestible packets of information in an app that is vetted by a credible organization, such as a scientific journal or society.

This gap has implications at several levels. First, in the absence of such a resource, patients can miss out on attaining valuable knowledge that may not be provided during the dermatology visit. A common diagnosis such as acne is a complex condition, and limited time is available during visits for assessment, education, and prescription of treatment regimens. Also, in the absence of such a vetted resource, patients may turn to the plethora of anecdotal information available on the Internet and use this information to the detriment of their health or pocketbook.

An app to fill this gap may resemble the JAMA Dermatology Patient Page. The Patient Page’s content is vetted by experts, provides excellent information that is relevant to patients, and is easy to understand. An app could build on these strengths and be made even more robust by providing some references and additional evidence-based answers to patients’ frequently asked questions.

As our patients’ preferences for the way they seek information evolve, we need to adapt to these changes to ensure that credible information is easily available. Not only will this help avoid patients searching for and finding incorrect or poor-quality information on their condition, it also will help reinforce the information we provide at the point of care.

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Editor’s Note

The Patient Page: Reaching Patients With Essential Information

The shifts in health care delivery have led to shorter visits, which can leave less time for patient counseling. Today’s patients, however, have ready access to more information via the Internet, social platforms, and mobile apps than patients in the past. The variable and unvetted quality of that information is concerning.

Cohen et al provide a model for how physicians can work to provide reliable educational resources for their patients via a mobile app. Bhatia points out that the underutilization of mobile devices for patient education and patient-physician comm...
munication represents a practice gap, and it behooves dermatologists to step in and fill this gap.

The JAMA network, including JAMA Dermatology, offers the Patient Page to provide essential, credible information about common and obscure medical conditions from experts in the field. This content is free and accessible at all times. Since beginning quarterly publication of the JAMA Dermatology Patient Page in 2013, those pages have been viewed a combined total of 5094 times on the JAMA Dermatology website as of December 12, 2013. The morphea page alone has reached 957 people via Facebook and has received 60 likes, comments, and shares. We provide accurate education about dermatologic diseases to guide our patients with diseases like morphea who are at high risk of stumbling across misinformation on the Internet about systemic sclerosis that could cause increased anxiety and unnecessary fear. One of our core roles as physicians is to serve as teachers, for our students, our colleagues, and first and foremost for our patients. The Patient Page is a step along that path, but as Bhatia suggests, the mobile apps represent a way for dermatologists to educate their patients.

Misha Rosenbach, MD


OBSERVATION

Periosteal Ganglia Presenting as Subcutaneous Nodules on the Tibia

Herein we describe a case of periosteal ganglia presenting as asymptomatic subcutaneous nodules on the anterior lower extremity.

Report of a Case | A woman in her 40s presented with a 3-month history of asymptomatic grouped subcutaneous nodules on the left shin. The lesions appeared spontaneously without any preceding trauma. Physical examination of the left anterior lower extremity revealed grouped, soft, immobile nodules without overlying epidermal changes (Figure 1A). A punch biopsy of a characteristic nodule induced extrusion of a gelatinous, clear, myxoid material (Figure 1B). Histopathologic findings revealed normal skin and subcutaneous tissue with deep soft-tissue mucinous debris that was separated from the overlying skin. Magnetic resonance imaging of the left lower extremity showed a lobulated cystic lesion overlying the anterior tibia, with no communication with the knee joint (Figure 2). The absence of diffusion restriction ruled out an underlying abscess. No underlying bony abnormalities were identified. These findings confirmed a diagnosis of a periosteal gan-

Figure 1. Periosteal Ganglia of the Tibia

A, The ganglia presented as grouped and immobile nodules without overlying epidermal changes on the left anterior lower extremity. B, A punch biopsy of a nodule on the left lower extremity demonstrated a periosteal ganglion of the tibia, with extrusion of a gelatinous, clear, myxoid material.

Figure 2. Imaging of Periosteal Ganglia of the Tibia

Magnetic resonance imaging of the left lower extremity demonstrated a lobulated cystic mass overlying the anterior tibia.