On the Front Line

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In our new war against terrorism, dermatologists and other clinicians have been given a vital responsibility. It is not a role we sought but a role at which we must excel. A recent bulletin from the New York State Department of Health (October 19, 2001) advises, "The recent terrorist attacks in New York City and Washington, DC, and the human cases of inhalational and cutaneous anthrax (CA) underscore the need for all physicians to be alert for any unusual illnesses or disease clusters that may represent the intentional release of a biological agent." Therefore, dermatologists and others will need to be familiar with the cutaneous manifestations, appropriate work-up, and treatment of bioterror diseases such as CA and smallpox. The acquisition of information has been facilitated over the last few months. State and local societies and the Centers for Disease Control and Prevention (CDC) have been active in disseminating reports concerning these matters. The American Academy of Dermatology has formed an Ad Hoc Task Force on Bioterrorism, chaired by Boni E. Elewski, MD. This task force released a useful CA management algorithm in late October. These resources, as well as several Web sites, are invaluable sources of information. Some Web sites of interest include the following:

- CDC Public Health Preparedness and Response: www.bt.cdc.gov
- American College of Physicians: www.acponline.org/bioterr
- Infectious Diseases Society of America: www.idsociety.org
- Medscape Bioterrorism Resource Center: dermatology.medscape.com

Another valuable online resource is the following online chapter: McGovern TW, Christopher GW. Biological warfare and its cutaneous manifestations. *Electronic Textbook of Dermatology*. Available at: http://telemedicine.org. April 1999.

It is the goal of this journal to provide as much useful information and as many images as possible. In this issue, a short review of CA is presented. In CA, skin infection usually begins as a small papule and progresses to a vesicle in 1 to 2 days, followed by a blackened eschar. The lesion is usually painless, and the tissue surrounding the skin lesion is often erythematous and may have varying degrees of edema. A highly suspicious case of CA is defined as any person with a skin lesion consistent with the description above. In addition, such a case can include any person with a possibly compatible skin lesion, even if it does not fit the classical description; any history of working in a high-risk setting (particularly handling mail); or any history of exposure to a threatening letter with powder.

It is incumbent on all of us to remain educated regarding the clinical presentations of illnesses that might be due to bioterrorism. In addition, we should remain on alert for unusual presentations and clusters of diseases. In the event such an attack is suspected, local health authorities should be contacted without delay.

Because virtually all bioterrorism agents have cutaneous manifestations at some point in the illness, we have a major responsibility in the war against terrorism. Our weapons in this struggle are our knowledge and vigilance.