Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Left Lower Eyelid - Seborrheic Keratosis (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A sick parade record by the medical officer, Amphibious transport ship, dated 2 November 1999;
- An annual health assessment by the medical officer, Navy health centre, dated 16 February 2004;
- A skin examination and excision histopathology by the medical officer and pathologist, dated 4 March 2019;
- A sentinel lymph node biopsy report by the surgical oncologist and pathologist, dated 19 March 2019;
- A PET-CT staging report by the nuclear medicine physician, dated 28 March 2019;
- A medical oncology consultation by the medical oncologist, dated 10 April 2019;
- A medical oncology review by the medical oncologist, dated 22 August 2019;
- A dermatology consultation with dermoscopy by the dermatologist, dated 2 September 2019;
- A cancellation of specialist appointment by the navy health centre, dated 18 March 2020;
- An oculoplastic consultation by the oculoplastic surgeon, dated 16 November 2020;
- An operation report and histopathology by the oculoplastic surgeon and pathologist, dated 2 December 2020.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

8 July 1996 and 12 November 2021

Left Lower Eyelid - Seborrheic Keratosis (Worsening)

You have stated that the worsening of your condition was caused by:

- *inability to obtain appropriate clinical management for seborrhoeic keratosis before clinical worsening*

Diagnosis: Seborrheic Keratosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a dermatology consultation with dermoscopy by the dermatologist, dated 2 September 2019.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Seborrhoeic Keratosis (Balance of Probabilities) (No. 20 of 2024)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for seborrhoeic keratosis before clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with a small, raised, brown, warty lesion on the margin of your left lower eyelid, appearing alongside numerous similar lesions on the face, neck and trunk over a few months on 22 August 2019.

The diagnosis was made by a dermatologist on 2 September 2019 on the clinical and dermoscopic appearance of a sharply demarcated, stuck-on papillomatous lesion with milia-like cysts and comedo-like openings at the left lower lid margin, among 34 new seborrhoeic keratoses that had appeared within four months, satisfying the description of the Leser-Trélat sign in the Statement of Principles.

After the condition arose, it was worsened during your service. The left lower eyelid lesion was referred for oculoplastic excision on 2 September 2019, when it measured 3 millimetres.

This has then led to further investigations and the diagnosis of your condition of *Seborrheic Keratosis (Worsening)*. I have accepted your condition of *Seborrheic Keratosis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 15 August 2019.

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