Journal of Dermatology Research

Open Access

Editorial

Impacts of the COVID-19 Pandemic to the Skin and to Professionals Caring for the Skin

Antonio Chuh[1,2*]

[1]Department of Family Medicine and Primary Care, The University of Hong Kong and Queen Mary Hospital, Pokfulam, Hong Kong

[2]Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong and Prince of Wales Hospital, Shatin, Hong Kong

[*]**Corresponding Author:** Antonio Chuh, Department of Family Medicine and Primary Care, The University of Hong Kong and Queen Mary Hospital, Pokfulam, Hong Kong; Tel: +852-94153993, +852-25590420; Email: antonio.chuh@yahoo.com.hk

Received Date: 02-04-2020; **Accepted Date:** 07-05-2020; **Published Date:** 14-05-2020

Editorial

This is a brief review on the impact of Coronavirus disease 2019 (COVID-19) pandemic on the skin and the practice of dermatology.

There are many skin manifestations of COVID-19. The most characteristic one would be multiple acrally-located erythematous perniosis-like swellings occuring in babies and small children [1-4]. These lesions are usually late in presentation. Vesicular eruptions appear early in the phase of the disease [1]. These two types of lesions are the most specific patterns [1].

Non-pitting oedema on the hands and feet can sometimes be seen. Less commonly, lesions are seen on the face, trunk and ears [4]. They are mainly seen in the European countries and Middle East. To the best knowledge of the Editor, no such lesion has yet been reported in infants and young children in Asia, including South-East Asia. Other skin manifestations include a petechial rash on the trunk, non-specific exanthem and acute urticaria [5-8].

The impacts of COVID-19 are beyond cutaneous manifestations for the infected patients. As an example, for children with severe skin diseases, unrelated to COVID-19 and on immunosuppressant therapies, most pediatric dermatologists have paused or reduced the frequency of laboratory monitoring for adverse effects of the medications [9].

Chuh A | Volume 1; Issue 1 (2020) | JDR-1(1)-001 | Editorial

Citation: Chuh A. Impacts of the COVID-19 Pandemic to the Skin and to Dermatology. J Dermatol Res. 2020;1(1):1-4.
DOI: http://dx.doi.org/10.46889/JDR.2020.1101

The Editor has previously reported on the close interactions of the cutis and the psyche [10].

During the pandemic, people are experiencing fear, distress and helplessness [11]. These can precipitate or perpetuate cutaneous diseases. The use of protective gears can lead to irritant and allergic contact dermatitis, intertrigo, and lichen simplex. People are afraid to attend surgeries and hospitals. Their thresholds for seeking proper medical attention are raised. In the surgery of the Editor, some long-term or new patients are attending with severe psoriasis, nodulocystic acne, generalised dermatophytoses and other severe skin conditions which could have been well controlled if they seek earlier help.

In some countries, the economic impacts of COVID-19 can affect the availability of people with skin diseases to consult dermatologists and the affordability to acquire necessary but expensive medications and skin-related utilities.

Owing to the early uncertainties on the infectivity of SARS-CoV-2, special arrangements have to be in place in dermatology out-patient clinics and in hospitals to protect the patients and the medical professionals [12-14]. National and international conferences are either cancelled or moved to be online ones [15].

What lessons have we learned so far? The first lesson regarding dermatology would be that cutaneous manifestations are highly common in infectious diseases – one needs to look for them, preferably in the early stages of the disease so as to guide diagnoses for the subsequent waves of patients. Other than exanthems, we should look for enanthems.

Secondly, for many diseases, there are distinctive skin manifestations which would help in diagnoses. If these skin manifestations only occur in one viral infection, they would be categorised as genuine viral exanthems. However, if any of such can occur in other viral infections, it would depend on whether they are clinically distinctive or not. In the case of the former, they should be categorised as paraviral exanthems, like pityriasis rosea, Gianotti-Crosti syndrome (papular acrodermatitis of childhood), asymmetrical periflexural exanthem (unilateral laterothoracic exanthem), unilateral mediothoracic exanthem, papular-purpuric gloves and socks syndrome, eruptive pseudoangiomatosis and eruptive hypomelanosis [16-20]. In the case of the latter, they should be classified as non-specific viral exanthems or enanthems. These rashes are of less assistance in making diagnoses.

Thirdly, our infrastructure of healthcare for the skin can be brittle. Preparations should be made now and after the current pandemic. When another serious infectious disease or pandemic occurs, we should be ready for innovative alterations in offering dermatological care in the surgeries, hospitals and in the communities

Lastly, for infections mainly transmitted via the respiratory route, masks are more often useful than not. In Hong Kong, once we had the first COVID-19 patient diagnosed on 22 January 2020, 99% of our citizens have been wearing masks once outside their homes, despite the aforementioned adverse effects of protective gears on the skin. On the day the Editor is writing

Citation: Chuh A. Impacts of the COVID-19 Pandemic to the Skin and to Dermatology. J Dermatol Res. 2020;1(1):1-4.
DOI: http://dx.doi.org/10.46889/JDR.2020.1101

this editorial (1 May 2020), we have only 1040 confirmed infections and five deaths, with the denominator being a crowded 7.4 million [21,22]. Of course, Hong Kong has its own historical (such as having fought SARS in 2003) and human geographic peculiarities (such as crowded transportations). Such might not be applicable to other countries or indeed districts, cities and communities.

Reference

1. Casas CG , Català A, Hernández GC, Rodríguez-Jiménez P, et al. Classification of the cutaneous manifestations of COVID-19: a rapid prospective nationwide consensus study in Spain with 375 cases. Br J Dermatol. 2020;1-28.

2. Recalcati S, Barbagallo T, Frasin LA, Prestinari F, Cogliardi A, Provero MC, et al. Acral cutaneous lesions in the Time of COVID-19. J Eur Acad Dermatol Venereol. 2020.

3. Alramthan A, Aldaraji W. A case of COVID-19 presenting in clinical picture resembling chilblains disease. First report from the Middle East. Clin Exp Dermatol. 2020.

4. Chesser H, Chambliss JM, Zwemer E. Acute Hemorrhagic Edema of Infancy after Coronavirus Infection with Recurrent Rash. Case Rep Pediatr. 2017;2017:5637503.

5. Joob B, Wiwanitkit V. COVID-19 can present with a rash and be mistaken for dengue. J Am Acad Dermatol. 2020;82(5):e177.

6. Su CJ, Lee CH. Viral exanthem in COVID-19, a clinical enigma with biological significance. J Eur Acad Dermatol Venereol. 2020.

7. van Damme C, Berlingin E, Saussez S, Accaputo O. Acute urticaria with pyrexia as the first manifestations of a COVID-19 infection. J Eur Acad Dermatol Venereol. 2020.

8. Henry D, Ackerman M, Sancelme E, Finon A, Esteve E. Urticarial eruption in COVID-19 infection. J Eur Acad Dermatol Venereol. 2020.

9. Reynolds SD, Mathur AN, Chiu YE, Brandling-Bennett HA, Pope E, Siegel MP et al. Systemic immunosuppressive therapy for inflammatory skin diseases in children: Expert-Consensus-Based Guidance for Clinical Decision Making During the COVID-19 Pandemic. Pediatr Dermatol. 2020.

10. Chuh A, Wong W, Zawar V. The skin and the mind. Aust Fam Physician. 2006;35(9):723-5.

11. Garcovich S, Bersani FS, Chiricozzi A, De Simone C. Mass quarantine measures in the time of COVID-19 pandemic: psycho-social implications for chronic skin conditions and a call for qualitative studies. J Eur Acad Dermatol Venereol. 2020.

12. Gisondi P, Piaserico S, Conti A, Naldi L. Dermatologists and SARS-CoV-2: The impact of the pandemic on daily practice. J Eur Acad Dermatol Venereol. 2020.

13. Gupta SA, Jangra RS, Gujrathi AV, Mahendra A, Singla R, Sharma A, et al. A novel clinical set up for examining healthy dermatology outpatients in time of Covid-19. Clin Exp Dermatol. 2020.

14. Gisondi P, Piaserico S, Conti A, Naldi L. Dermatologists and SARS-CoV-2: The impact of the pandemic on daily practice. J Eur Acad Dermatol Venereol. 2020.

15. McDowell L, Goode S, Sundaresan P. Adapting to a global pandemic through live virtual delivery of a cancer collaborative trial group conference: the TROG 2020 experience. J Med Imaging Radiat Oncol. 2020.

Citation: Chuh A. Impacts of the COVID-19 Pandemic to the Skin and to Dermatology. J Dermatol Res. 2020;1(1):1-4.
DOI: http://dx.doi.org/10.46889/JDR.2020.1101

16. Fölster-Holst R, Zawar V, Chuh A. Paraviral exanthems. Expert Rev Anti Infect Ther. 2016;14(6):601-11.

17. Chuh A, Zawar V, Sciallis G, Lee A. The diagnostic criteria of pityriasis rosea and Gianotti-Crosti syndrome-a protocol to establish diagnostic criteria of skin diseases. J R Coll Physicians. 2015;45(3):218-25.

18. Chuh A, Zawar V, Sciallis G, Law M. Gianotti-Crosti syndrome, pityriasis rosea, asymmetrical periflexural exanthem, unilateral mediothoracic exanthem, eruptive pseudoangiomatosis, and papular-purpuric gloves and socks syndrome – succinct reviews and arguments for a diagnostic criteria. Infect Dis Rep. 2012;4:38-48.

19. Chuh A, Panzer R, Rosenthal A, Proksch E, Kempf W, Zawar V, et al. Annular eruptive pseudoangiomatosis and adenovirus infection – a novel clinical variant of paraviral exanthems and a novel virus association. Acta Derm Venereol. 2017;97:354-7.

20. Zawar V, Bharatia P, Chuh A. Eruptive hypomelanosis-a novel exanthem associated with viral symptoms in children. JAMA Dermatol. 2014;150(11):1197-201.

21. Centre for health protection, Department of health. The government of the Hong Kong special administrative region. Coronavirus disease 2019 (COVID-19). Available at: https://www.chp.gov.hk/en/healthtopics/content/24/102466.html. [Last accessed on 04 May 2020].

22. https://en.wikipedia.org/wiki/Hong_Kong [Last accessed on 04 May 2020].

Citation: Chuh A. Impacts of the COVID-19 Pandemic to the Skin and to Dermatology. J Dermatol Res. 2020;1(1):1-4.
DOI: http://dx.doi.org/10.46889/JDR.2020.1101