



COVID-19-associated necrolytic acral erythema with postvaccination exacerbation in a seronegative patient

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DEAR EDITOR, A 42-year-old woman developed erythematous pruritic symmetrical acral plaques 4 weeks after SARS-Cov-2 infection (reverse transcription polymerase chain reaction positive) that resolved in 2 months with topical medications. Three months after full recovery from the infection, she was administered a first dose of recombinant monovalent vaccine (Covishield). A week later, there was aggravation of erythema, oozing and scaling over the previously healed lesions. Examination showed hyperkeratotic erythematous acral plaques with a sharp cutoff from palms and soles. Patches of hypopigmentation over the dorsum of the hands were also noted (previously healed lesions) (a, b). Skin biopsy from the left leg a week later showed psoriasiform hyperplasia with keratinocyte necrosis (c, d). The patient was treated for necrolytic acral erythema^{1,2} with oral zinc supplementation (low serum zinc level) and topicals, with gradual response.

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