

LETTER

COVID 19 and its impact on cosmetic dermatology

Dear Editor,

The world was put on high alert when an outbreak of a novel coronavirus disease (COVID-19) was declared a pandemic by the World Health Organization (WHO) in early March 2020.¹⁻³ COVID-19 looms as a serious medical crisis inflicting both human and economic suffering.⁴⁻⁶ Before pandemic, dermatologists, plastic surgeons, and other aesthetic practitioners were all thriving amid the cosmetic boom. As COVID-19 spreads around the globe, it has become evident that this virus has the ability to significantly derail the world economy.^{2,7} The past 5 years have seen a boom in both minimally invasive and surgical cosmetic procedures. Studies suggest that social media has played a pivotal role in raising awareness about aesthetic medicine and cosmetic dermatology.⁸ Dermatologists witnessed a huge demand for facial rejuvenation procedures like platelet-rich plasma treatment, dermal fillers, mesotherapy, microdermabrasion, and chemical peels. A plethora of laser and light devices for skin resurfacing, hair reduction, scar treatments, skin tightening, and fat reduction has dominated cosmetic dermatology practices worldwide. As the coronavirus pandemic has grown in magnitude, the safety of ablative resurfacing lasers, microneedling, and dermatological surgery procedures have become questionable. Coronavirus even though not epidermotropic, is shed as aerosols or transmitted via fomites. It is prudent that dermatologists defer elective aesthetic treatments for their patients. However, essential dermatologic procedures like Mohs surgery may be undertaken with adequate personal protective equipment (PPE). Controlling an epidemic means “flattening the epidemiologic curve.”⁹ This is done by reducing person-to-person contact and is called “social distancing.” When it comes to understanding COVID-19’s impact on a cosmetic dermatology practice, two aspects are worth distinguishing: practical and psychological. During lockdowns, patients are prevented from availing nonessential facilities due to movement constraints. In addition, a slowing economy and reduced discretionary spending discourages customers to undergo expensive cosmetic treatments imposing a practical restriction. A psychological barrier and a “wait-and-see” attitude is common for aesthetic dermatology procedures when populations are faced with a massive uncertainty of the type that COVID-19 is presenting to the world. Pharmaceutical companies dealing with premium skin care products (many being produced in Italy, Spain, France, and United States) are suffering from trade restrictions. The manufacturing units for laser devices in Taiwan, South Korea, United States, and Israel are likely to slow production in the coming weeks, further impacting the supply chain. The bright spot in this crisis could be an accelerated shift to tele dermatology. Mobile messaging and video consultations are essential in maintaining continuity in dermatological as well as aesthetic practice. Tele dermatology, with all its


limitations has certainly been a great strength for dermatologists and cosmetic practitioners alike. The COVID 19 epidemic is the time when governments and medical communities should unify. Dermatologists and plastic surgeons even though not on the frontline, can contribute meaningfully in ways such as loaning ventilators to other facilities, donating PPE, providing hospital spaces, and if required volunteer to be deployed on the front. The bottom line still remains that finances and elective procedures such as aesthetics will always be secondary to primary health and survival during a pandemic with potentially fatal consequences such as COVID 19. Recently, some countries in Europe, for example, Switzerland, and Germany, where the number of new cases is progressively decreasing, are in the process of gradually loosening the rigid lockdown rules. In this context, medical clinics that offer elective procedures, as well as aesthetic clinics, are expected to return to work within a few days. This decision is based on the relatively low risk of transmission, since interpersonal contact occurs between a few individuals and considering the use of suitable PPE. We hope that after this acute crisis, patients might return to aesthetic procedures, possibly with a renewed passion.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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