EDITORIAL

# COVID-19 and its implications for Dermatology and Venereology

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In a time where the novel coronavirus disease (COVID-19) is dominating the news in all media around the world, it may be good to reflect briefly on the implications of this new pandemics on Dermatology and Venereology. To do so, not only the aspects affecting the patients but also those affecting the healthcare workers and the teachers must be considered.

There is excellent information on epidemiology, general health prevention measures, and especially on the affected airways as major target organ with severe complications of pneumonia and septic shock that are giving rise to a high number of fatalities (CDC website).[1] Surprisingly, little is known for the skin and skin diseases.

Although this seems trivial, the implications for dermatology give rise to a number of critical questions that are only partly answered. The question as to whether skin symptoms belong to the disease symptomatology is not often communicated, but even when they are reported, about 10 % of skin manifestations are described rather unspecifically as 'rash' (Recalcati, in this issue).[2]

More importantly, the aspect of prevention for healthcare workers who must apply disinfectants and wash their hands many times a day needs to be taken into account. This may lead in persons with sensitive skin, which accounts for as many as 20–40% of the population, to the risk of irritant or allergic contact dermatitis; also skin damage caused by prolonged use of equipment such as gloves and masks must be mentioned. Therefore, adequate skin protection by using the right type and amount of emollients is crucial in healthcare workers with a long-term exposure to the protective equipment (Long *et al.*, this issue).[3]

For patients, the most important prevention measures are continuously given in media and by government recommendations and rules with the aim to minimize social contacts.

The question as to whether and which of our patients with skin disease are at risk for developing severe COVID-19 symptoms touches our daily clinical practice and treatment, for example the use of immunosuppressants, topical or systemic drugs such as cyclosporine, methotrexate or the new biologics. Patients with HIV infection are perceived to have similar risks as immunosuppressed patients and should take special care in the general prevention measures.

At the moment, there is no scientific evidence guiding our therapeutic decisions in systemic immunosuppression; there are only theoretical considerations. For many diseases and therapeutic regimens, some position statements or recommendations are currently being developed by expert groups, for example those for atopic dermatitis or allergic conditions.[4,5] Most individual recommendations support continuing necessary anti-allergic, anti-inflammatory or antineoplastic treatment. With regard to biologics, caution may be advised for anti-TNF, while Th2 cytokine antagonists or IL-17, IL-23 and IL-12 may be continued. Systemic steroids could possibly aggravate the virus infection, but they may also be considered as a therapeutic modality in severe cases for fighting septic shock.

Furthermore, we should also contemplate implications of this new pandemic on educational efforts that usually take place in university settings, often involving practical bedside teaching in small groups (Reinholz *et al.*, this issue).[6]

Should dermatologists and venereologists reduce their service in this time of pandemics in order to contribute to general prevention by decreasing social contacts? Probably yes. This is the time to take full advantage of teledermatology and telemedicine in order to avoid unnecessary face-to-face contacts while still cultivating a good patient–doctor interactions with shared decision-making.

Contributions in this or future issues of our journal will explore all of these aspects. We will keep you updated about the coronavirus-related news relevant to our specialty.

## References

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