



Figure 1 (a) Materials required to make the face shield; (b) holes are punched into the transparent sheet using a paper punch; (c) string is passed through the holes; (d) the finished face shield tied over the head and affixed with surgical tape.

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Comment on 'Two cases of COVID-19 presenting with a clinical picture resembling chilblains: first report from the Middle East': pernio unrelated to COVID-19

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Linked Article: Alramthan and Aldaraji *Clin Exp Dermatol* 2020; [CED.14243]

We read with interest the recent paper by Alramthan and Aldaraji in *Clinical and Experimental Dermatology*, contributing to the spectrum of COVID-19 clinical manifestations.¹ Since the COVID-19 outbreak began, a number of

new symptoms have been described.² Some of these were not initially highlighted but could be a distinguishing feature of COVID-19 infection, such as anosmia or ageusia.³ Therefore, it is believed that a newly reported symptom, termed acute acro-ischæmia, is another novel clinical manifestation of COVID-19 infection.⁴

Alramthan and Aldaraji described two previously healthy women presenting with red–purple papules on the dorsal aspect of the fingers bilaterally.¹ One of the patients also had diffused subungual erythema in the right thumb. Both patients presented to a clinic in Kuwait, but as they had recently travelled from the UK, a reverse transcription-PCR test for SARS-CoV-2 infection was performed, which gave a positive result.¹

The authors suggested that such skin lesions might be a new clinical manifestation of COVID-19 infection in otherwise asymptomatic individuals.



Figure 1 Patient 1. Erythematous–violaceous papules over the distal joints.



Figure 2 Patient 2. (a) Erythematous macules on the hands with slight oedema and discrete blanching; (b) erythematous macules on the fingers with blanching, which had been present before medical evaluation; (c) reddish papules on the finger.

We report two patients with similar clinical manifestation, but a different diagnosis.

Two patients presented with similar lesions on the fingers also suspected to be induced by COVID-19. Patient 1 was a 16-year-old girl, who presented with a 1-week history of violaceous erythema over the distal joints (Fig. 1). Patient 2 was a 16-year-old boy, who presented with a 3-week history of acral erythema (Fig. 2a,b) and red papules with an orange hue (Fig. 2c).

Laboratory investigations including complete blood count; erythrocyte sedimentation rate; routine urine tests; serum biochemical tests; assays for antinuclear antibodies; serum complement components C3 and C4, anticardiolipin antibodies, antiphospholipid and beta-2-glycoprotein-I, cryoglobulins and cold agglutinins; serological tests for enterovirus, Epstein–Barr virus, herpesvirus 6, parvovirus B19, mycoplasma, rubella and measles; levels of IgG, IgM and IgA; and PCR (nasopharyngeal swab) for SARS-CoV-2 were performed, all of which gave normal or negative results. Skin biopsy was not taken. In consequence, a clinical diagnosis of pernio (chilblains) was made.⁵ After 1 week of follow-up, the cutaneous lesions had notably improved.

Thus, we hypothesize that the increasing number of clinical cutaneous manifestations being reported are not caused directly by COVID-19, but are related to the globally imposed strict stay-at-home rules. In our opinion, this acral manifestation should be better classified as simple pernio. The lockdown was declared in Spain on March 14, and since then, children have not been allowed to go outdoors. It is possible this immobility has directed children to not move as frequently as normal, and cold temperatures could also have contributed to the appearance of this outbreak of pernio. The two patients reported by Alramthan and Aldaraji had recently been on a trip to the UK, a colder country than Kuwait, and cold is associated with pernio. Thence, the concurrent positivity for COVID-19 may be a coincidence, as the virus is widely spread and young people tend to have no or mild symptoms.

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Use of transparent curtains on bedside of patients with COVID-19

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The COVID-19 pandemic has brought day-to-day life to a standstill. During such difficult times, the safety of medical staff becomes more important as they are on the frontline in tackling the disease. Despite aggressive safety measures and use of personal protective equipment, infections and deaths have been reported among healthcare professionals (HCPs),¹ which has led to concern among the medical community and stigma among the wider public.² The closed environment of an isolation ward adds to this fear. As the virus is said to have droplet and contact (and possible aerosol) transmission, isolation is the key to safety and control of disease.^{3,4}

We suggest that, in addition to the usual safety precautions, the possibility of infection transmission to HCPs can



Figure 1 Auscultation being performed through a transparent curtain.

be further reduced by using a transparent plastic curtain between the patient and the HCP in isolation wards. They can be used to surround the patient's bed (partially or completely) either alone or along with the usual opaque privacy curtains. They are inexpensive and easily available. Stable patients in isolation can be examined through this curtain. The transparency of the curtain allows visibility of the patient even from a distance, and it reduces the possibility of droplet transmission as it provides an additional layer of protection. Noninvasive examinations (such as auscultation) can also take place through the curtain (Fig. 1) and the curtain allows for communication between the patient and the doctor. This type of transparent curtain can also be used in other settings such as outpatient departments, pharmacies, dispensaries and shops. Even after the pandemic is over, the cost of healthcare services is expected to rise; therefore, healthcare facilities must find efficient and economic alternatives.

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Hashtags in Dermatology: can we do more?

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Social media has overtaken mainstream media in terms of strength of public engagement. News and debate on hot topics trend on Twitter long before being taken up by visual or print media. Scientists and researchers are increasingly using various social media platforms, including Facebook, Twitter and WhatsApp, to engage readers. There are several barriers to social media usage by