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Pitfalls of possible reporting of same patients with COVID-19 in dermatology journals

Dear Editor,

The Editor in chief and Deputy Editors of the *JAMA* recently shared their concern regarding possible reporting of patients in more than one manuscript, while this has not been clearly indicated in the submission.¹ Although the unprecedented context of the COVID-19 outbreak justifies efforts for rapid dissemination of knowledge, such practice may be responsible for inaccurate interpretation and overestimation of published data.¹ Similar concern applies to dermatology. In Spain, the national COVID Piel study has reported 372 patients with skin manifestations related to COVID-19, including 71 patients with pseudo-chilblains, from April 3 to April 16.² One of the co-authors published in the meantime a series of 132 patients with chilblains from March 5 to April 15.³ The question of a possible overlap of cases is open to discussion. A French group published on one hand a retrospective nationwide study of 277 patients with skin

lesions related to COVID-19 from March 18 to April 9,⁴ and on the other hand 14 patients from a retrospective nationwide study from 18 March to 6 April 2020.⁵ They also published a letter about the analysis of 285 cases submitted on a WhatsApp® group from 14 March till 10 April 2020.⁶ None of the articles mentions the others. Corresponding authors acknowledged that most of the cases reported in Ref. [5] have been also included in Ref. [4]. The French Society of Dermatology has just finished collecting cases of patients with acral lesions for the COVID-SKIN study (inclusion from March 30 to May 4), but the study is still on going for other lesions.⁷ It will be important to know whether dermatologists that took part in the previous studies^{4–6} have also included the same patients in the forthcoming study. The same question applies to French colleagues who have already published or will publish case report/cases series on their own. We found also manuscripts mentioning multiple reports of the same patient. In Italy, among a series of 22 patients with COVID-19-related varicella-like lesions,⁸ an 8-year-old girl has been also published independently,⁹ but the authors mentioned the previous series⁸ in the article.⁹ Some cases need also better clarification. Joob & Wiwanitkit submitted on the same day two seemingly looking-like case reports in two different journals (doi: 10.1016/j.jaad.2020.03.036, doi: 10.1007/s00296-020-04561-0). However, the corresponding author kindly confirmed that both cases were different patients.

With the very high number of publications on COVID-19, authors need to remain transparent for the reader about multiple reports of same patients to avoid misinterpretation of the data.¹

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Disclaimer

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LETTERS TO THE EDITOR

Mucous membrane pemphigoid involving the urethra: a case series

Dear Editor,

Mucous membrane pemphigoid (MMP) is a rare chronic immunobullous disease clinically characterized by recurrent mucosal bullae with subsequent erosion, potential scarring and loss of function at mucosal sites. Desquamative gingivitis of the oral mucosa is the most common presentation.¹ A review of 457 patients with MMP did not include the urethra among mucosal sites.² Urethral involvement has been cited without characterization in review articles.³ There is one published case of MMP-related phimosis⁴ and two patients with sterile dysuria.⁵ We report 4 cases of MMP with urethral scarring to broaden the understanding of this likely under-reported site.

Case 1: A 53-year-old female presented with dyspareunia and nocturnal incontinence, dysphagia, and gingival and vulvar erosions initially diagnosed as lichen planus. She developed urinary

urge incontinence, weak stream and retention. Pelvic examination showed complete loss of external genital architecture (Fig. 1) and agglutination of the vagina. Direct immunofluorescence (DIF) showed linear deposition of IgG and IgA at the basement membrane zone (BMZ) consistent with MMP. She had ongoing disease activity during treatment with dapsone, prednisone and mycophenolate mofetil but improved greatly with rituximab infusions. Voiding improved after cystoscopy with urethral dilation.

Case 2: An 81-year-old female presented with a nine-month history of oral and perineal ulcerations accompanied by dysuria and difficulty voiding. Physical examination revealed urethral scarring. Initial DIF was negative, while ELISA revealed elevated BP230 antibodies. Repeat DIF 6 months later was positive for linear IgG and C3 at the BMZ. A prednisone taper provided significant improvement, and she was transitioned to IVIG, which initially put her into remission with mild ongoing intermittent urinary retention. She then had serious worsening of disease with 50% body surface area involvement. She was managed in the burn unit but died from aspiration.



Figure 1 Image of external genitalia of case 1 showing scarring and distortion of external genital architecture, including resorption of the posterior labia minor and webbing of the posterior fourchette with inability to visualize the urethral meatus.