Received: 15 May 2020 | Accepted: 18 May 2020
DOI: 10.1111/dth.13620

LETTER

DERMATOLOGIC THERAPY WILEY

Balancing aesthetic and conventional dermatology practice in the COVID-19 era

Dear Editor,
Novel coronavirus (COVID-19) has affected medical practice as hard as it has other professions and businesses. Dermatologists all over the globe have been affected. With stay-at-home and lockdown orders by almost all governments, dermatology clinics have remained closed. It is during these times that many dermatologists did resort to teleconsultations with laws on the same having been relaxed in various countries, with many seeing an amalgamation of teleconsultations and their public health system.[1] Teledermatology has seen an upsurge in these times also.

Those dermatologists who had a balance of conventional and aesthetic dermatology, or those practicing only clinical dermatology, found it easier to benefit from teledermatology. This is because teleconsultations obviously revolved mostly around diagnosing and treating clinical conditions.

With the relaxation of stay-at-home orders, a new paradigm of dermatology practice seems to have set in. Many patients are still reluctant of getting out of their homes and visiting health care facilities. Teledermatology practice continues even after clinics have opened up.

Amidst all this, aesthetic dermatology procedures seem to have taken a back seat. From advisories issued against starting them[2] by various statutory bodies to the scare of risking the infection for a cosmetic procedure, various factors seem to be going against the practice of aesthetics.[3,4]

Aesthetic dermatology procedures are often time-consuming with most patients needing to wait for the local anesthetic cream to act. This increases the waiting time at the clinic. The COVID-19 clinic policies have to be adhered to, making a healthy person go through the recommendations of social distancing, reporting for appointments at a given time, signing a declaration form of being healthy and many more. Performing treatments on the face becomes risky for both the patient as well the doctor, as the patient cannot wear a mask.

The aesthetic dermatology procedures have been categorized into those involving mild, moderate, and high risk. Procedures that come under high risk are those involving blood and blood products and fat and plume generating LASER procedures. These are best deferred till a suitable time. Theoretically, a breached skin after an aesthetic procedure like microneedling is a potential route of virus entry. Dermatologists also are skeptical as of now to perform many of the aesthetic procedures, as they are also at risk and have to invest in full personal protective equipment to undertake many of them. Disinfection protocols are more stringent if a procedure is to be carried out. All these factors are deterrents in the immediate post-lockdown period to performing aesthetic procedures, if any. Patients, like other sects of population have had an economic set back and it would be interesting to see how many of them would like to spend on aesthetic procedures now.[5]

This is in contrast to dermatologists practicing pure clinical or a mix of both, aesthetic dermatology and clinical dermatology. In present times, with teledermatology, less investment to physically consult patients, lesser risk and easier administration, and logistics involving seeing clinical cases, it is prudent for dermatologists to strike a balance in their practice. At the moment, the positives seem to tip toward the clinical and nonprocedural aesthetic practice.

Gulhima Arora[1]
Mohammad Jafferany[2]
Sandeep Arora[3]

[1]*Department of Dermatology, Mehektagul Dermaclinic, New Delhi, India*
[2]*College of Medicine, Central Michigan University, Saginaw, Michigan*
[3]*Department of Dermatology, Command Hospital Air Force, Bangalore, India*

Correspondence
Sandeep Arora, Department of Dermatology, Command Hospital Air Force, Bangalore, India.
Email: aroraderma@gmail.com

ORCID

Gulhima Arora https://orcid.org/0000-0002-8365-3124
Mohammad Jafferany https://orcid.org/0000-0001-6358-9068
Sandeep Arora https://orcid.org/0000-0001-8169-9076

REFERENCES

1. Portnoy J, Waller M, Elliott T. Telemedicine in the era of COVID-19. *J Allergy Clin Immunol Pract*. 2020;8:1489-1491.
2. Kwatra SG, Sweren RJ, Grossberg AL. Dermatology practices as vectors for COVID-19 transmission: a call for immediate cessation of non-emergent dermatology visits. *J Am Acad Dermatol*. 2020;82:e179-e180.
3. Pasquali P, Sonthalia S, Moreno-Ramirez D, et al. Teledermatology and its current perspective. *Indian Dermatol Online J*. 2020;11:12-20.
4. Perkins S, Cohen JM, Nelson CA, Bunick CG. Teledermatology in the era of COVID-19: Experience of an academic department of dermatology [published online ahead of print, 2020 Apr 17]. *J Am Acad Dermatol*. 2020;S0190-9622(20):30661-30667. http://dx.doi.org/10.1016/j.jaad.2020.04.048.
5. Lahiry AK, Grover C, Mubashir S, et al. Dermatosurgery practice and implications of COVID-19 pandemic: recommendations by IADVL SIG Dermatosurgery (IADVL Academy). *Indian Dermatol Online J*. 2020;11:333-336.

© 2020 Wiley Periodicals LLC.