

LETTERS TO THE EDITOR

Long-term results of tele dermatology for acne patients during COVID-19 pandemic

To Editor:

From December 2019, with the outbreak of coronavirus disease 2019 (COVID-19) pandemic, also called severe acute respiratory syndrome coronavirus (SARS-CoV-2) preventive measures in public health have been adopted in order to reduce virus transmission.¹ Dermatology departments have been all reorganized, non-urgent dermatological in-person visits have been postponed, and telemedicine has been used for first and follow-up dermatological visits.² The use of video call visits, phone calls, e-mails, and text messages has successfully spread out, also when in-person restrictions were lifted, reporting high satisfaction among dermatologic patients.^{3,4} The objective of this retrospective analysis was to report the long-term results of telemedicine visits for patients attending our outpatient clinic for acne disease. Patients with acne diagnosis performing video-visits for first control or follow-up visit from March 1, 2020, to March 31, 2021, were retrospectively reviewed and included in the study. Age, sex, acne characteristics, and treatments were recorded; during telemedicine, consultant physicians evaluated acne severity, and evaluated treatment efficacy; moreover, high-resolution images were uploaded before the video visit in order to improve the evaluation of treatment results. Rates of patients undergoing telemedicine visits after restrictions were lifted, and their grade of satisfaction was also evaluated. Overall, 213 acne patients (138 females and 75 males) with a median age of 21.8 years were included in the study. All patients performed at least one video visit, either first visit (54/213; 25.4%), or follow-up consultation (159/213; 74.6%) during the 13 months analyzed; 136 out of 213 patients (63.8%) presented with mild-to-moderate forms of acne, 36 patients (16.9%) had severe forms of acne and 41 patients (19.3%) presented with acne scars. The majority of patients were prescribed topical medications (157/213; 73.7%) compared with systemic therapies (56/213; 26.3%) of whom 21 were treated with oral isotretinoin. When in Italian departments, in-persons restrictions were lifted, about half of patients (103/213; 48.3%) decided to continue with telemedicine follow-up visits, whereas the 51.7% preferred in-person visits.

Regarding the 103 patients preferring virtual follow-up visits, 97 out of 103 (94.2%) were patients with mild-to-moderate forms

of acne undergoing topical treatment; only 6 patients were treated with the association of systemic and topical therapies. All patients reported a high grade of satisfaction, being also the preferred option for acne patients living at a distance.

Our study, as also reported by Gu et al.,⁵ showed that 48.3% of acne patients included preferred telemedicine even when in-person visits were permitted. As reported in literature, the use of tele dermatology has spread out during the pandemic period; its efficacy has been demonstrated not only for acne patients but also for the management of chronic inflammatory skin diseases and skin cancers.⁶ Video visits should be also considered an important tool to take into account for reducing waiting list in order to minimize treatment delays. Nevertheless, dermatologists should be cautioned when using telemedicine in particular for urgent patients or those taking oral treatments that require more care. Further studies on larger cohorts of patients, evaluating the long-term results of tele dermatology and patients' grade of satisfaction is still required.

KEYWORDS

acne, COVID-19, pandemic, tele dermatology, telemedicine, treatment

ACKNOWLEDGEMENT

Open Access Funding provided by Universita degli Studi di Napoli Federico II within the CRUI-CARE Agreement. [Correction added on 25 May 2022, after first online publication: CRUI funding statement has been added.]

CONFLICTS OF INTEREST

None declared.

AUTHOR CONTRIBUTION

Alessia Villani, Maria Carmela Annunziata, Matteo Megna, Massimiliano Scalvenzi, and Gabriella Fabbrocini involved in idea and design of the study. Alessia Villani collected the data. Alessia Villani and Massimiliano Scalvenzi revised the article.

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ETHICAL STATEMENT

Ethics approval was obtained from the ethics committee of the University Federico II of Naples, Italy.

DATA AVAILABILITY STATEMENT


Data of this study are available from the corresponding author upon reasonable request.

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