We diagnosed the patients as having COVID-19-related lesions, with ischaemia considered to be the underlying process (Fig. 2).

The pathological characteristics of COVID-19 were evaluated in lung, blood vessel, skin and other organs by Yao *et al.*, using minimally invasive autopsies. Degeneration and necrosis of parenchymal cells and formation of hyaline thrombi in small vessels were observed in lung and other organs.⁵ This could be the underlying pathology in our cases and could explain the clustering of cases of acral ischaemia reported in patients with COVID-19 in Italy.⁵ Mazzotta and Troccoli reported a few dozen cases, initially presenting with red–purple papules on the feet and hands, which either evolved into haemorrhagic bullae or developed a blackish crust; however, laboratory tests of the reported cases were only available for two cases, both of which were confirmed by RT-PCR to be infected with COVID-19.⁶

In conclusion, we report the occurrences of red–purple papules on acral areas in two asymptomatic patients who were both confirmed by RT-PCR to be infected with COVID-19. Both these cases and the earlier cases reported from Italy⁵ could be similar, but unfortunately not all the cases in the earlier study were tested for COVID-19. Acral ischaemic lesions may be a rare presentation of a symptomatic COVID-19, and this possibility should be kept in mind by dermatologists receiving referrals of such cases.

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Secure communication conduits during COVID-19 lockdown

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We commend Jakhar et al. in Clinical and Experimental Dermatology, which highlighted the virtues of instant messaging tools such as WhatsApp during the COVID-19 crisis.1 While WhatsApp's advantages include being highly intuitive, widely used and accessible, there are concerns among clinicians about its use, as well as that of other commercially available communications apps. These include the loss of anonymity to patients, the need to reveal their personal telephone number, and questions over privacy and data security. In their paper, the authors overlooked a variety of freely accessible secure healthcare apps. For patients and physicians within the UK National Health Service (NHS), Nye² is freely available, facilitating real-time telephone and video consultations from any computer or smartphone without the need to reveal the clinician's personal details. From the personal perspective of the senior author (F. R. Ali), working during a time of enforced social distancing, the resolution afforded by Nye is helpful to diagnose many common inflammatory dermatoses, and the user interface is intuitive to patients and clinicians of all ages. Freely available apps that facilitate (among other functions) secure patient-clinician and clinician-clinician interactions without storing images on clinicians' photostreams include MySkinSelfie,3 Hospify,4 Pando and AccuRx, and others also exist. We encourage clinicians to consider such bespoke medical apps, made with consideration of data security and confidentiality at their core.

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Telemedicine and support groups could be used to improve adherence to treatment and health-related quality of life in patients affected by inflammatory skin conditions during the COVID-19 pandemic

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Linked Article: Jakhar, Kaul and Kaur *Clin Exp Dermatol* 2020; [CED.14227]

We read with great interest the recent article by Jakhar et al.¹ in *Clinical and Experimental Dermatology*, which reported the measures that could be used during the COVID-19 pandemic to allow consultations. In particular, they described the growing importance that telemedicine is having during this emergency, focusing on the use of mobile technology (particularly the use of WhatsApp) as a method to communicate via text and voice messages, photos and videos, which is rapidly expanding within the field of telemedicine.¹ We report some of the best strategies and technologies we are using at our outpatient clinic (University of Naples Federico II) during the current pandemic.

Management of both acute and chronic dermatological diseases is always challenging, owing to the variable compliance of patients with the required therapies. Before the current pandemic, we carried out a study among patients with acne, showing the importance of prescribing adequate therapy and of supporting the follow-up of patients during treatment.² In this study, we followed up some patients using text messages (short message service; SMS).

In this study, 160 patients with mild, moderate and severe acne were enrolled and randomly divided into two groups: the SMS group and a control group. All patients in the SMS group received the same text message about their acne medication twice a day for 12 weeks, whereas the control group did not receive any messages. We found that compared with the control group, the SMS group, who received the daily medical support by text, had increased therapeutic adherence with better improvement in all parameters.

The need to support patients and monitor them as closely as possible has become even more important during the current quarantine period, as compliance may be reduced. We are trying to extend this protocol to a larger group of patients, who, owing to the current pandemic, are not able to continue their regular follow-up visits. By using SMS, patients who need constant support during their treatment period will be able to continue their own therapy, reducing the risk of discontinuation and consequently the risk of the negative clinical impact that could result from nonadherence to treatment. Although reduction in face-to-face consultation is essential reduce the risk of COVID-19 infection, dermatological services must be continued, and teledermatology may be the solution.³ The current pandemic is an emerging and rapidly evolving situation, and the use of telemedicine is growing to combat this emergency.⁴ Based on our experience, we believe that the use of telemedicine, particularly mobile telemedicine (such as WhatsApp), should be associated with support groups for patients with chronic inflammatory skin diseases, resulting in a more useful strategy to increase adherence to treatment and improve health-related quality of life, particularly in this unprecedented situation in which face-to-face visits are not possible.

However, because guidelines or official recommendations about the use and the efficacy of these new technologies are lacking, different experiences and strategies applied in different hospitals should be shared to identify a common method that works well for both patients and physicians.

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A novel clinical set-up for examining healthy dermatology outpatients during the COVID-19 pandemic

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The COVID-19 pandemic has made social distancing necessary, and as a result, daily outpatient departments (OPDs) are at a standstill because of the rules imposed by many governments to close all nonessential OPDs. Teledermatology has been advised by few authorities but it is