

## COVID-19 and Cutaneous manifestations

Dear Editor

We found that the article on ‘Cutaneous manifestations in COVID-19: a first perspective’ is very interesting.<sup>1</sup> Recalcati noted that 20.4% of the patients have cutaneous problem and mentioned that this is the first report on this clinical aspect of COVID-19. The wide spectrum of dermatological problem in patients with COVID-19 is an interesting clinical data. Based on our experiences in Thailand, the second country that COVID-19 occurred, almost all patients have no significant dermatological presentation. In fact, in caring patient with severe illness, skin disorder might not be completely investigated. The role of dermatologist in caring COVID-19 patients might be overlooked. An important question is whether the dermatological problem in COVID-19 has any clinical impact on diagnosis and treatment of disease. Some skin disorders in COVID-19 might result in missed diagnosis. For example, the petechiae rash might result in incorrect diagnosis as dengue.<sup>2</sup>

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## A distinctive skin rash associated with coronavirus disease 2019?

To the Editor

A skin rash has been reported in 2 out of 1,099 patients presenting with coronavirus disease 2019 in China,<sup>1</sup> as in 14 of 48 patients with the same disease in Italia, but unfortunately without further description of its semiology.<sup>2</sup> We wish to report here the case of a woman who presented, coincidentally with COVID-19, a skin rash that had an original picture.

A 64-year-old woman with type 2 diabetes presented with fever (up to 40 °C) and asthenia, for which she began to take

oral paracetamol. Four days later, an erythematous rash began on both antecubital fossa (Fig. 1), that extended during the following days on the trunk and axillary folds (Fig. 2); fever persisted, and a cough appeared. A chest CT showed bilateral interstitial abnormalities. A RT-PCR test on a nasopharyngeal swab specimen was positive for SARS-CoV-2 ARN. There was no suspicion of systemically applied contact allergen. The rash disappeared five days after its beginning (at day 9 of the disease), while fever persisted until day 16, a period during which the patient repeatedly took paracetamol. All symptoms finally resolved at day 18.

The rash described here appeared to us reminiscent of symmetrical drug-related intertriginous and flexural exanthema (SDRIFE), a condition that has been regularly reported in association with the intake of certain drugs, but also more rarely in association with a viral infection, such as primary parvovirus B19 infection.<sup>3,4</sup> The role of paracetamol could also be discussed here but, in addition to the fact that paracetamol has been only exceptionally reported as a cause of SDRIFE,<sup>5</sup> the rash disappeared despite the continuation of the drug, an unusual occurrence in drug reactions.

In conclusion, we wish to draw the attention of clinicians on a skin rash with a subtle but rather distinctive picture that,



Figure 1 Erythematous rash on antecubital fossa.



**Figure 2** Erythematous rash on trunk, including axillary fold.

although skin symptoms seem unusual during COVID-19, may have a diagnostic utility if other similar observations happen to be reported.

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## Psoriasis health care in the time of the coronavirus pandemic: insights from dedicated centers in Sardinia (Italy)

Dear Editor,

Psoriasis is a major chronic inflammatory skin disease, affecting about 3% of the population in Italy, whose management requires experienced specialists in order to guarantee high-quality standards of care.<sup>1</sup> The pandemic coronavirus (2019-nCoV; COVID-19) has changed the approach to all patients requiring close contact during a visit, including dermatologic consultations. In Italy, true outbreak begun in Lombardy, by 21 February 2020 with exponential contagion, surpassing China in the number of deaths.<sup>2</sup> The healthcare system was overwhelmed, and best hospitals in Northern Italy unable to cope with the huge number of desperately ill patients. Concern about the impact on the South was great due to the chronic shortage of facilities and limited intensive care equipment. In Sardinia, with a population of 1 640 000 inhabitants,<sup>3</sup> the institutional recognition found only 20 intensive care beds available to welcome COVID-19 cases. A strategic plan will increase the number to 224 beds, but full implementation would require time (Resolution of the Regional Council 11/17 of the 11/03/2020). As isolation is the main weapon to control the spread,<sup>4</sup> and on 9 March 2020 a Decree of the President of the Council of Ministers ordered the suspension of all outpatients' services, including clinics for psoriasis patients. Unfortunately, thousands of patients were suddenly deprived of dermatologic care. The dedicated psoriasis clinics in the major hospital of Cagliari, Nuoro and Sassari account approximately 6890 patients. About 23% of them afflicted with severe psoriasis and psoriatic arthritis, requiring systemic treatments or phototherapy (Table 1).

We began calling all patients with scheduled visits and programmable procedures to remain at home, providing telephone consultation and counselling. Patients were completely unprepared, upset and disoriented by the lockdown. Some patients could not understand the crisis and demanded full attention, quite aggressively. Other patients were more understanding.