CTCL diagnosis, age, sex, stage, and CD30+ subtype. *Am J Clin Dermatol* 2016; **17**: 71–7.
4 Huang KP, Weinstock MA, Clarke CA *et al.* Second lymphomas and other malignant neoplasms in patients with mycosis fungoides and Sezary syndrome: evidence from population-based and clinical cohorts. *Arch Dermatol* 2007; **143**: 45–50.

Skin signs resembling vascular acrosyndromes during the COVID-19 outbreak in Italy

doi: 10.1111/ced.14267

Estébanez *et al.* recently published the case of a 28-year-old woman affected by COVID-19, who presented with confluent erythematous, yellowish papules on both heels. After 3 days, the lesions persisted and became hardened erythematous plaques.[1] This presentation was not observed in 18 (20.4%) of 88 patients with COVID-19 hospitalized in Lecco, Italy, who exhibited erythematous rash (n = 14), widespread urticaria (n = 3) and chickenpox-like vesicles (n = 1).[2] However, no clinical images were available.[2] Alramthan and Aldaraji[3] also reported a patient with COVID-19 with cutaneous lesions clinically resembling chilblains, with clinical pictures. The French Society of Dermatology has reported interesting clinical findings in 113 patients during the COVID-19 outbreak: 84/113 patients presented chilblain-like lesions, and 17 of these had a personal history of chilblains or Raynaud syndrome.[4]

We have also observed some cutaneous manifestations during the COVID-19 outbreak in Italy during the past 5 weeks, and we report four patients who presented with lesions of the feet.

A 26-year-old white man reported the rapid onset of hardened, erythematous plaques of the heels (Fig. 1a), with a burning sensation. He was otherwise asymptomatic and was not under any medication.

A 16-year-old white girl, with a personal history of alopecia areata universalis, reported moderate pharyngodynia 2 weeks before the onset of erythematous plaques of both heels (Fig. 1b), which were moderately painful. She was treated with emollients and oral paracetamol.

An 18-year-old white girl presented with erythematous plaques on the extensor surface of her toes (Fig. 1c), while both heels showed erythematous confluent papules (Fig. 1d). The patient reported itching and pain from the lesions. She was otherwise healthy and asymptomatic. She was treated with emollients and oral paracetamol.

A 48-year-old white man reported a 10-day history of frontal headache, a slight increase in body temperature

Figure 1 (a) A 26-year-old healthy man, with hardened, erythematous plaques on both heels. (b) A 16-year-old girl, with erythematous plaques located on both heels. (c, d) An 18-year-old girl, with (c) erythematous plaques involving mainly the extensor surface of the toes; (d) both heels showed erythematous confluent papules. (e) A 48-year-old man, developed hardened erythematous plaques involving mainly the extensor surface of the toes, bilaterally.

and marked asthenia. He developed hardened erythematous plaques involving the extensor surface of the toes bilaterally (Fig. 1e). The clinical presentation was consistent with acrocyanosis. He had already been taking oral paracetamol, and this was continued.

Unfortunately, none of our patients underwent COVID-19 test or skin biopsy. Owing to the level of the pandemic in Italy, COVID-19 tests are not always available and most asymptomatic or oligosymptomatic patients have not yet received a test.

Our cases are suggestive of skin signs related to vascular acrosyndromes. The patients did not have a personal history of chilblains or Raynaud syndrome, and were not taking any medications before the appearance of skin signs, except for the 48-year-old man, who had been taking oral paracetamol. None of them reported wearing tight socks or having any local pressure on the feet. The lesions were similar to those described by Estébanez *et al.*[1]

Our patients were not tested for COVID-19 and were asymptomatic or only mildly symptomatic at the onset of acral lesions. We believe that the clinical observation of these skin signs, as a possible expression of immune vasculitis, is worthy of being reported to the scientific community at this time. Regarding the situation in Italy, we are not able in many cases to test patients suspected of having COVID-19, and skin signs such as these still do not represent an indication for COVID-19 screening.

We hope to test our four patients for COVID-19 as soon as possible, to understand the aetiology of these clinical conditions in young and mildly symptomatic people.

G. Tosti,[1] A. Barisani,[2] P. Queirolo,[3] E. Pennacchioli,[1] L. Villa,[4] A. M. Lodeserto[5] and S. Vaccari[2]

[1]*Division of Melanoma Surgery, Sarcoma and Rare Tumors, IRCCS, Istituto Europeo di Oncologia, Milan, Italy;* [2]*Division of Dermatology, Department of Experimental, Diagnostic and Specialty Medicine, Policlinico Sant'Orsola-Malpighi, University of Bologna, Italy;* [3]*Division of Melanoma Oncology, Sarcoma and Rare Tumors, IRCCS, Istituto Europeo di Oncologia, Milan, Italy;* [4]*Dermatologist, Private Practice and General Medicine Doctor, San Benedetto del Tronto, Italy and* [5]*Local Health Authority, Livorno, Italy*

E-mail: alessiabarisani@gmail.com

Conflict of interest: the authors declare that they have no conflicts of interest.

Accepted for publication 24 April 2020

References

1 Estébanez A, Pérez-Santiago L, Silva E *et al.* Cutaneous manifestations in COVID-19: a new contribution. *J Eur Acad Dermatol Venereol* 2020. [Epub ahead of print]. https://doi.org/10.1111/jdv.16474

2 Recalcati S. Cutaneous manifestations in COVID-19: a first perspective. *J Eur Acad Dermatol Venereol* 2020. [Epub ahead of print]. https://doi.org/10.1111/jdv.16387

3 Alramthan A, Aldaraji W. Two cases of COVID-19 presenting with a clinical picture resembling chilblains: first report from the Middle East. *Clin Exp Dermatol* 2020. [Epub ahead of print]. https://doi.org/10.1111/ced.14243

4 Société Française de Dermatologie. COVID-19 and skin lesions. COVIDSKIN progress report from the SFD (in French). http://www.datapressepremium.com/rmdiff/2010520/SFD_COVIDSKIN_point_etape_150420.pdf (accessed18 April 2020).

Prevalence of hidradenitis suppurativa in Malta: comparison with established epidemiological data

doi: 10.1111/ced.14271

Hidradenitis suppurativa (HS) is a chronic, inflammatory disease of the pilosebaceous unit. Patients with HS present – often after a diagnostic delay – with multiple, recurrent inflammatory nodules, abscesses and sinus tracts in intertriginous skin.[1] Data suggest that the prevalence of HS varies between 0.14% and 4% globally (Table 1).

Malta is a small Mediterranean country with an estimated population of 493 559 inhabitants.[2] The country is in a unique position as all dermatology referrals made in the national healthcare system are received and pooled by a single dermatology centre (Sir Paul Boffa Hospital, SPBH) and distributed equally between dermatologists without bias. Follow-up care is also carried out at SPBH. We carried out a study to establish the prevalence of HS in Malta.

Between 1 January 2019 and 31 December 2019, a single dermatologist (DM) working at SPBH reviewed 2034 patients referred for a dermatological opinion. Patients not residing in Malta and patients who were referred directly to the auditing dermatologist with an established or suspected diagnosis of HS were excluded from the study to avoid bias.

Of the, 2034 unique patients included in the study, 1450 (71.29%) were new cases and 584 (28.71%) were follow-up cases. Of these, 37 patients [29 (2.0%) new and 8 (1.37%) follow-up] were diagnosed with HS. The diagnosis of HS was made for patients experiencing recurrent nodules, abscesses and/or fistulae in intertriginous areas of the skin, bilaterally.[3] Of the 37 patients diagnosed with HS, 72.97% (27/37) were male and 27.03% (10/37) female, and 83.78% (31/37) of the patients were smokers. Using these data, the prevalence rate of HS in Malta was calculated to be 1.82% (95% CI, 1.24–2.40) (Data S1), which is significantly higher than in France,[4] USA,[5,6] UK[7] and Sweden,[8] but significantly lower than early data published in Denmark,[9] and comparable to data from Ireland[10] and later data published in Denmark.[11]

