

## LETTER

# Where do we stand as dermatologists in combat with COVID-19

Dear Editor,

The novel corona virus disease (COVID-19 due to SARS-CoV-2) which began in Wuhan, China in late December 2019, quickly spread to involve the rest of the world within a span of few weeks.<sup>1-3</sup> Hygiene measures are of paramount importance to combat transmission of COVID-19 including social distancing, meticulous hand hygiene measures like frequent hand washing, avoiding touching the face, and wearing masks. Healthcare workers, who are at high risk of acquiring the infection are advised to wear personal protective equipment (PPE).<sup>4,5</sup> While these measures have been advocated to minimize risk of spread, they have led to a whole new range of dermatological problems. A rise in hand eczema has been reported, due to contact dermatitis from frequent use of antiseptics and also due to glove latex allergy.<sup>6</sup> The protective goggles, N95 masks, and face shield have led to dryness and irritation of skin at the areas of tight contact.<sup>7</sup> In addition, few health care workers also experienced an aggravation of acne/rosacea due to the increased heat from using the PPE, as well as due to stress. Other pre-existing dermatosis which aggravate during periods of stress, like psoriasis, eczema, atopy, and neurodermatitis can also flare up either in health care workers or in patients.<sup>8</sup>

A recent study reported a case of COVID-19 which was initially misdiagnosed as dengue fever. The patient presented with petechiae rash and lab reports showed thrombocytopenia, the two common features of dengue. However, the patient later on developed respiratory symptoms and upon positive RT-PCR testing, COVID-19 was diagnosed.<sup>9</sup>

So far, there is no specific treatment for COVID-19. The over the counter availability of drugs including antibiotics, coupled with anxiety has led people to an increased self-administration of both pharmaceutical drugs as well as natural remedies. In consequence, drug reactions must be considered in patients presenting with acute urticaria and other pruritic lesions.<sup>8</sup>

Interestingly, ACE-2, the functional receptor of SARS-CoV2 to enter cells has been identified in skin tissue of SARS patients in 2004. Whether this also holds true for SARS-CoV2, is still under investigation and therefore the pathophysiological role of the latter on the skin is not yet conclusively clarified.

With most countries announcing a lockdown period, dermatologists face a moral dilemma in outweighing risks and benefits of keeping their clinics functional. Teledermatology and/or telephone consultations may be a valuable solutions to this dilemma that many dermatologist harness during this exceptional situation. Such alternatives are primarily useful

for triage purposes and to follow-up long-term patients, but they clearly cannot replace clinical examination (supported by dermoscopy).<sup>10</sup> This is where systems such as the Vectra 3D system can be useful for sensitive monitoring for changes or new lesions.



In conclusion, dermatologists in collaboration with other specialties are fighting against this worldwide dilemma, however much more data needs to be collected to shape our strategy in combat with this pandemic.

## CONFLICT OF INTEREST

The authors declare no conflicts of interest.

## DISCLAIMER

We confirm that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met and that each author believes that the manuscript represents honest work.

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