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Journal Pre-proof

Reply to the Letter to the Editor (MS#JAAD-D-20-02442R2): “Patient preference for cellulitis treatment: at-home care is preferred to hospital-based treatment.”

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4 **Title:** Reply to the Letter to the Editor (MS#JAAD-D-20-02442R2): “Patient preference for
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6
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46 *To the editor,*

47 We thank Shaw *et al.* for their comment on our previously published research article titled
48 “Patient preference for cellulitis treatment: at-home care is preferred to hospital-based
49 treatment.”(1) Shaw *et al.* examined whether the trend in patients evaluated at an urban tertiary
50 care center in New York City for skin and soft tissue infections (SSTIs) was impacted by the
51 COVID-19 pandemic. The authors found that, relative to the same time period in 2019, there was
52 a decrease in dermatology consults for SSTIs relative to other common inpatient dermatologic
53 consults during the COVID-19 pandemic.

54 While the underlying reason for this decrease in consults cannot be confirmed, we agree that
55 these results suggest that patients and providers may have avoided pursuing hospital-based care
56 for SSTIs in light of COVID-19. Likewise, we agree that outpatient treatment for cellulitis for
57 patients whom may be good candidates for at-home therapy is important for maintaining access
58 to care in the age of COVID-19. Furthermore, given our findings, outpatient care for appropriate
59 patient candidates may yield high patient satisfaction.

60 Expanded use of teledermatology among dermatology practices(2) due to COVID-19 may
61 additionally facilitate the outpatient treatment of cellulitis for appropriate patients.

62 Dermatologists may similarly utilize teledermatology in the evaluation and management of
63 inpatients hospitalized for SSTIs.(3) Shaw *et al.* suggest that patients may avoid hospital-based
64 care for cellulitis due to concerns for COVID-19, and teledermatology may increase access to
65 care for these patients, while simultaneously reducing the risk of transmission of infectious
66 diseases.

67 Teledermatology has been recently studied in its utility specific to cellulitis, which may allow for
68 expanded access to care. Korman *et al.* conducted a survey study demonstrating the utility of

69 teledermatology in both differentiating pseudocellulitis from cellulitis as well as in determining
70 subsequent antibiotic treatment.(4)

71 We additionally propose that outpatient parenteral microbial therapy (OPAT) may be an
72 effective option for patients requiring intravenous antibiotics for cellulitis and help prevent
73 unnecessary hospital-based care. In pediatric patients, OPAT has been suggested to be effective
74 for the treatment of moderate to severe cellulitis, with high patient satisfaction.(5) Given the
75 current healthcare landscape, OPAT may be an increasingly attractive option for appropriate
76 candidates.

77 In conclusion, we thank Shaw *et al.* for their interest in our article and for highlighting the need
78 for expanded outpatient treatment of SSTIs for appropriate patients in the era of the COVID-19
79 pandemic.

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