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Editorial

COVID-19 and the Dermatology

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EDITORIAL NOTE

The world has changed dramatically since the COVID-19 pandemic began. In addition to our social, occupational, and personal lives, the new coronavirus also poses novel challenges for all physicians, including dermatologists. Several skin conditions have emerged, mainly as a result of prolonged contact with personal protective equipment and excessive personal hygiene.

Even early in the coronavirus disease 2019 (COVID-19) pandemic, it was clear that dermatologists had an important role in the management of patients. Although initial case series rarely documented skin changes, possibly due to the inability to perform a complete skin examination, subsequent research has suggested significantly higher rates of skin involvement. Initially, no skin manifestations were observed among patients with COVID-19, but recently a few cases have been described.

SARS-CoV-2 is a novel severe acute respiratory syndrome coronavirus, basically an enveloped RNA beta corona virus closely related to the original SARS-CoV. Its main mode of spread is through close contact and by small droplets released into the air during coughing, sneezing, and even talking by the infected individuals. A person can possibly get COVID-19 by touching a surface or an object (e.g. doorknobs and table) that has the virus on it and then touching his own mouth, nose, or eyes. A new study which has been submitted for peer review has found that 8.8 per cent of people reporting a positive coronavirus swab test had experienced a skin rash as part of their symptoms.

The researchers did an online survey covering 12,000 people with skin rashes and suspected or confirmed COVID-19. The team sought images of rashes from survey respondents, especially from people of colour, who are currently under-represented in dermatology resources. COVID-19 indirectly involves the skin just like any other viral infection and is independent of the disease stage or severity. Cutaneous manifestations of COVID-19 present a few days after the first general symptoms of the disease.

However, there has been a report of disseminated pruritic erythematous plaques on the face and acral regions described 48 hours before the onset of first symptoms. The appearance of cutaneous manifestations before the onset of early respiratory symptoms can promote early recognition of COVID-19 in such cases.

The management of COVID-19 includes supportive management, antiviral drugs, antibiotics, corticosteroid therapy, and/or treatment of complications and underlying comorbidities.45 There is no specific treatment or core guidelines recommended in the management of COVID-19. All the treatments mentioned are still very controversial and require additional clinical studies to confirm their efficacy and safety.

Supportive management includes abundant hydration with the maintenance of electrolyte balance and acid-base regulation.

Interferon-alpha, a broad-spectrum antiviral agent, at a dose of 5 million units inhalation in sterile water twice daily and protease inhibitors lopinavir/ritonavir 400 mg/100 mg twice daily are recommended as antiviral therapy.

Severe cases, that demonstrate increased lung shadows on CT imaging, can be started on 40-80mg methylprednisolone without exceeding a 2mg/kg daily dose.

Continuation of immunomodulators or biologics for COVID-19 positive patients presenting with inflammatory dermatoses is still debatable. However, experts have advised continuing most of the therapy in majority of the patients.

As the COVID-19 pandemic grips the humanity, the world awaits the launch of vaccine or chemoprophylaxis in a bid to stop the spread of COVID-19.

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