

COVID-19: What's new in dermatology? EADV Update May 2020

1. Do you have any questions about **Skin cancer screening during Covid-19 pandemic**?
The EADV Task Force Facilitator, Dr. De Cuyper, recommends reading the article on [Skin cancer Triage](#), recently published on the JEADV, 29 April 2020 (Authors: Tagliaferri L, Di Stefani A, Schinzari G, Fionda B, Rossi E, Del Regno L, Gentileschi S, Federico F, Valentini V, Tortora G, Peris K)
2. **A special series of free webinars on “Dermatology during the Covid pandemic”** have been organised by the EADV to bring together experts to share experiences, give practical or logistical tools to help the community and examine the practice of different dermatology perspectives during this far-reaching outbreak.

On 16 April the first Covid-19 webinar was launched and there was a widespread online participation; if you missed it you can find a report in the [Spring EADV Newsletter](#), otherwise you will be able to watch it on our platforms, together with the following and successful webinars

- [Sharing Covid Experience Throughout Europe](#) (16 April 2020)
- [Hand Dermatitis & Occupational Dermatoses Related to PPE](#) (23 April 2020)
- [Tele dermatology](#) (7 May 2020)

3. **PPE is crucial for the safety of the health care workers in ICU, but not without side effects**



*Photos from the ‘frontline’:
Doctors and nurses wearing their PPE outfits.*



Face masks can cause pressure marks.

The insiders' view - Dr. Sarah Walsh and Dr. Sweta Rai are two dermatologists working at the frontline at King's College Hospital in London. They were the speakers in one of the webinars and have kindly shared their experience with us. They summarized their observations regarding the side effects of PPE and give some recommendations for facial skin care and for the prevention and treatment of hand dermatitis.

Hand care advice for the COVID period

Dr. Sarah Walsh

"We know that you are all taking great care to wash hands especially frequently and thoroughly at this challenging time. We in dermatology know that washing and frequent application of alcohol hand gel is entirely necessary, but can take its toll on the skin and we have had several enquiries as to how best to combat this problem of irritant hand dermatitis.

In the vast majority of cases, hand dermatitis does not represent a true contact allergy, but an irritant dermatitis of the skin in this area due to dryness. Restoring the barrier function of the skin can be achieved in a few simple steps:

At work, use the cleansing preparation advised by your local infection control team for hand washing. If doing a wet hand wash, dry carefully, particularly the web spaces. Follow each hand wash with the application of a small amount of a light moisturiser which soaks in readily. If you pick a preparation that isn't too greasy, and you use a small amount, it is possible to use a keyboard or a pen after application - important in a work environment.

Try to ensure that you wear gloves for the minimum time necessary, and allow adequate glove-free breaks for the skin of the hands throughout the working day.

At home, consider using a soap substitute for hand washing instead of soap.

At night before bed, consider putting on a greasier moisturiser overnight. This helps to restore the barrier function of skin gently over a longer period. You can use anything you like for this, but ensure that whatever you choose is thick and has a greasy texture. Put plenty on, and rub in gently before you go to sleep. To maximise the effect of thicker, greasier moisturisers overnight, pop on a pair of cotton gloves to wear in bed.

In my hospital group, the dermatology department has been running a drop-in clinic for staff affected by hand dermatitis at lunchtime each weekday. We assess the condition of the skin of frontline staff, and provide topical steroid if necessary. This has been an enormously successful initiative and we have seen more than 650 colleagues in a 6 week period. It has been greatly appreciated by our colleagues and we hope has allowed many to remain at work by preventing occupational hand dermatitis."



How hands appear after only one day. Dryness caused by hands washing, use of alcohol and gloves

Facial skin care fact sheet - skin rashes from personal protective equipment (PPE) during Covid-19

Dr. Sweta Rai

“We have noticed an increase in occupational dermatoses on the face during this pandemic which range from mild eczema to acne and facial scarring with pronounced hyper-pigmentation. To understand how to treat these facial dermatoses we must understand what is happening to our skin during this time:

What’s happening to our faces whilst wearing PPE?

1. Pressure from tight fitting masks. (*see photo above with pressure mark*)
2. Friction of external PPE i.e. Visors and masks where they move against our skin as we express emotion and move our facial muscles speak.
3. A humid microenvironment created by the occlusive nature of PPE creating a breeding ground for bacteria and yeast.
4. Bacteria circulation from our nasal nares and oral orifices within the microenvironment created by PPE if nasal and oral hygiene aren't maintained.
5. Contact related irritation and dermatitis from PPE material.
6. Flare of background skin conditions such as acne, eczema, rosacea etc. due to increased stress and anxiety levels of working in healthcare settings during the Covid-19 pandemic.

What can you do to help keep your skin healthy?

You can help protect your facial skin barrier and skin health by adhering to a some simple skin care regimen:

If you have no facial rashes, but your skin feels tight and dry:

1. Cleanse with a gentle cleanser before and after you wear any form of PPE (for example micellar water is gentle, clear and leaves no residue and can be easily carried to work).
2. Moisturise your skin after cleansing. If you are prone to acne a non comedogenic moisturiser is preferable and SPF 30 containing moisturisers will help prevent post inflammatory hyper-pigmentation especially if you are developing skin rashes.
3. You can apply a topical skin barrier cream on the areas of maximum pressure applied by PPE i.e. forehead from visors or around the nasal bridge and chin including ears for masks.
4. You can wipe your skin with silicone wipes inside the area of the mask which provides a seal to the skin and can reduce moisture related bacteria and yeast directly affecting your skin surface whilst allowing your skin to breathe.
5. When you finish work for the day cleansing your skin gently and applying a restorative night cream/serum of your choice will help restore your skin barrier whilst you sleep.

If you have developed friction or pressure related skin rash (especially found on the nasal bridge and malar prominence of the cheek):

1. Cleanse your skin with a gentle cleanser and apply moisturiser with SPF30 before and after each time to wear PPE.
2. Apply silicone gel to the pressure areas i.e. nasal bridge and paint around the areas of contact with mask and visor on forehead.
3. Use a silicone wipe on the inside of your mask.
4. Always re-cleanse and moisturize your skin after taking off PPE and reapply the silicone scar gel and silicone wipes when re-wearing PPE.
5. At the end of the day cleanse and moisturise your skin and apply silicone scar gel before you sleep to the areas of pressure and friction induced skin rash to help prevent and treat any impending scarring.

If you have developed acne, eczema, seborrheic dermatitis or another rash:

You should see a Dermatologist as these conditions will need specific treatment dependent on your specific appearance and background medical history.”



PPE Skin rashes

4. Telediagnosis

"Doctor, I have some strange insect bites"

When asking for more details, the patient explained that

- the lesions were strictly unilateral and she had also aphthous lesions in the mouth at the same side.
- she also had neck pain treated by GP with NSAID.

My diagnosis: Herpes zoster mandibularis.

My message: teledermatology not only needs a good picture but also requires a good anamnesis.

