

DERMATOLOGIC MANIFESTATIONS OF COVID-19



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• COVID RASHES •
EMERGING SKIN MANIFESTATIONS OF COVID-19



URTICARIA

Urticarial wheals were reported in COVID-19 patients in Italy and have been observed in confirmed as well as suspected cases in France, Finland and US.



ACRAL ISCHEMIA

Micro-thrombi caused by COVID-19 cause acral ischemic lesions, resembling perniosis, that are often painful or itchy. Seen in many healthcare workers in US.



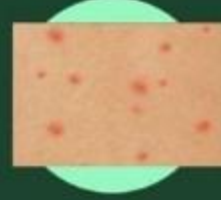
MORBILLIFORM

Diffuse maculopapular eruption seen in COVID-19 patients in Italy, France and Finland as seen in many viral exanthems including Dengue.



LIVEDO RETICULARIS

Transient blanching or mottling of skin from ischemia of cutaneous blood vessels.



VESICULAR

Chicken pox-like vesicles on erythematous base seen in COVID patients in Italy.



PETECHIAL

Italian study reported petechial eruption in COVID-19 confirmed patients from bleeding under the skin.

COVID-19 associated rashes were reported in 20% of patients in a northern Italian hospital. Dermatologists across the nations and borders are reporting many manifestations of this rash, in confirmed, suspected, and asymptomatic cases. The latter represents a potentially infectious, and possibly even a plasma-donor population. Submit your suspicious cases to national registry at AAD.org. References and updates available. If you are a health care worker you can get free evaluation by texting your history and clinical photos to a dermatologist near you.

FROM
TYPICAL TO
PERPLEXING

COVID 19 SYMPTOMS TYPICAL TO PECULIAR

- Fever – Cough – Sore Throat (TYPICAL)
- The longer [novel coronavirus](#) circulates, more unexpected sx's
- Ophthalmologists = Conjunctivitis as [a rare sign of COVID-19](#)
- Anosmia
- Ageusia
- Hemoptysis
- **"COVID toes"** as coined by dermatologists, it can look like "purple lesions" on feet or hands



URTICARIA

Urticarial wheals were reported in COVID-19 patients in Italy and have been observed in confirmed as well as suspected cases in France, Finland and US.



Dengue-like

- Erythema with islands of sparing
- Less common

M
bular
eruption seen in COVID-19
patients in Italy, France and
Finland as seen in many viral
exanthems including Dengue

Treatment Considerations

- Drug history, remove any offending agents
- Can consider high potency topical steroids to help with erythema and pruritus (clobetasol or triamcinolone)
- Antihistamines
- ? Systemic steroids
- Consider checking - LFTs and eos -> evaluate for DRESS syndrome
- Thus far, in CV-19 patients, self limiting





SKIN MANIFESTATIONS OF



ACRAL ISCHEMIA

Micro-thrombi caused by COVID-19 cause acral ischemic lesions, resembling perniosis, that are often

MO

Diffuse
eruption
perio
Finger

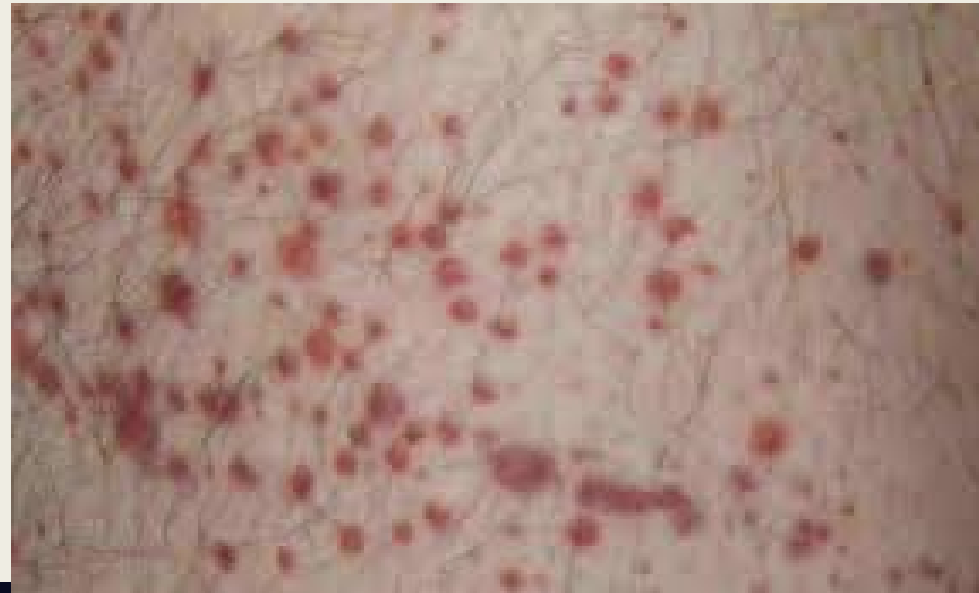


- May be unilateral
- Some reports in ICU patients
- MOD - micro-thrombotic phenomenon?



LIVEDO RETICULARIS

Transient blanching or mottling of skin from ischemia of cutaneous blood vessels

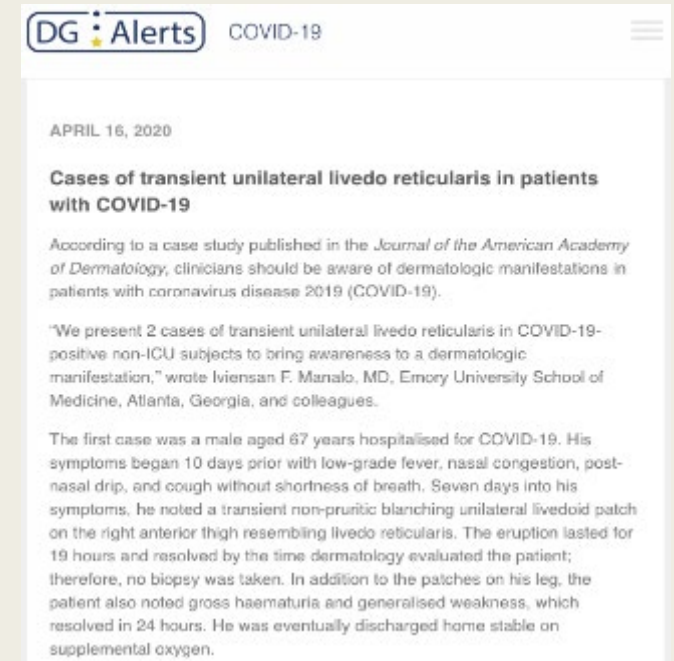


PETECHIAL

Italian study reported
petechial eruption in COVID-
19 confirmed patients from
bleeding under the skin

Cases of transient unilateral livedo reticularis in patients with COVID-19 – Case 1

- 67 y/o M hospitalized for COVID-19.
- Symptoms began 10 days prior with low-grade fever, nasal congestion, post-nasal drip, and cough without shortness of breath.
- Seven days into his symptoms, he noted a transient non-pruritic blanching unilateral livedoid patch on the right anterior thigh resembling livedo reticularis.
- The eruption lasted for 19 hours and resolved by the time dermatology evaluated the patient
- NO biopsy was taken
- Gross hematuria and generalized weakness, which resolved in 24 hours.
- PT eventually discharged home stable on supplemental oxygen.



Cases of transient unilateral livedo reticularis in patients with COVID-19 – Case 2

- 47 y/o F with Celiac disease, Hashimoto's thyroiditis, & portal vein thrombosis in 2017 with negative work-up for a hypercoagulable state

“We hypothesise that the microthromboses that manifest in other organs (ie, cardiopulmonary) and as disseminated intravascular coagulation (DIC) in critically ill patients with COVID-19 are the most plausible etiology to our patients' livedo reticularis presentations,” the authors wrote. “We postulate that manifestations can vary from transient livedo reticularis in mild-moderate cases to acrocyanosis in critically ill patients.”

noticed a unilateral asymptomatic rash resembling livedo reticularis on her right leg despite an equal amount of sun exposure on both legs.

- The rash lasted approximately 20 minutes and did not recur upon re-challenge with sun exposure the following day.



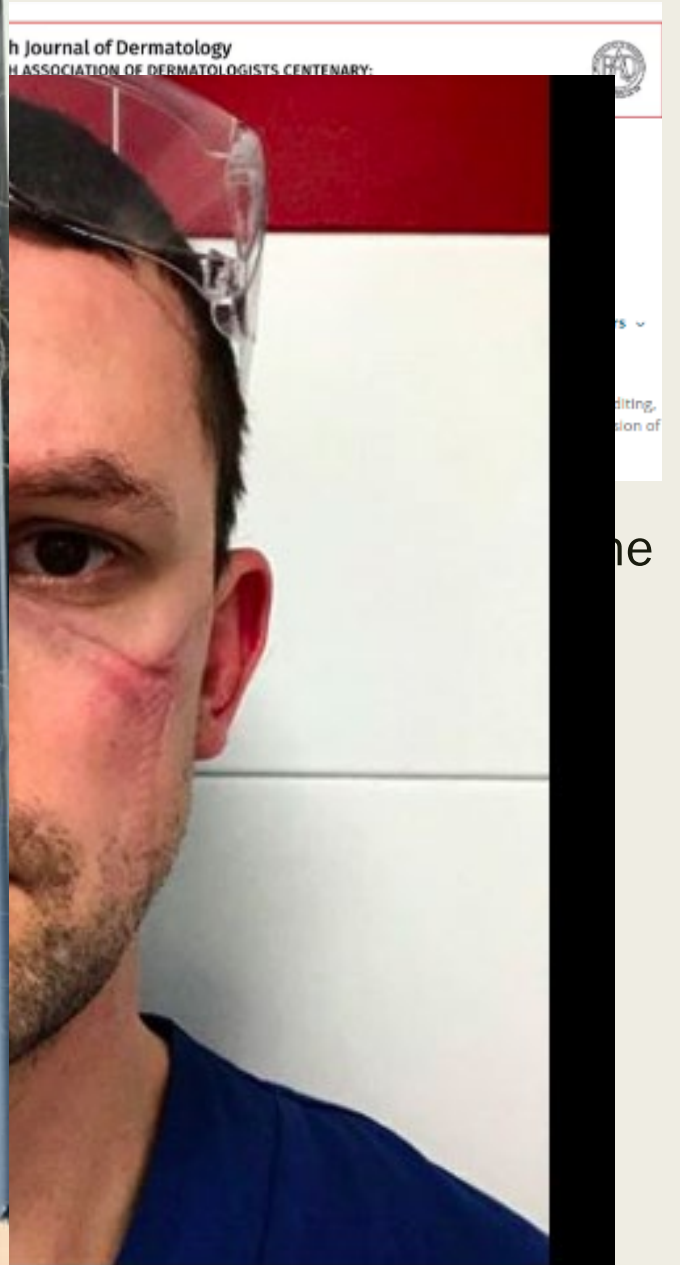
Treatment Considerations – “Covid Digits”

- Topical steroids (e.g. Clobetasol, betamethasone BID x 2 weeks)
- Keep feet warm
- Role of ASA?
- SELF LIMITING in MOST CASES 10-14 days

Conclusion

“In the future, histopathology of active exanthema may be helpful in elucidating the underlying pathology of the cutaneous and perhaps systemic manifestations of

C
“ Covid-19 cutaneous eruptions represent
fi **skin manifestations of systemic disease**
patients would be enlightening.”



ahead of print]

NEWS FROM THE FDA/CDC

FDA authorizes first COVID-19 test kit with home collection option

Publish date: April 21, 2020

By [Lucas Franki](#)

Internal Medicine News.



Join us for an engaging webinar with 3 expert presenters discussing:
The Evolving Role of the Pulmonologist and Primary Care Physicians in Patient Identification and Treatment of Non-Small Cell Lung Cancer

[View Now](#)

AstraZeneca

TEST....TEST....TEST

LabCorp COVID-19 RT-PCR Test.



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AVAILABLE COVID-19 PATIENT REGISTRIES IN DERMATOLOGY

HCP Use Only – Not for Patient Use



AAD Dermatology COVID-19 Registry



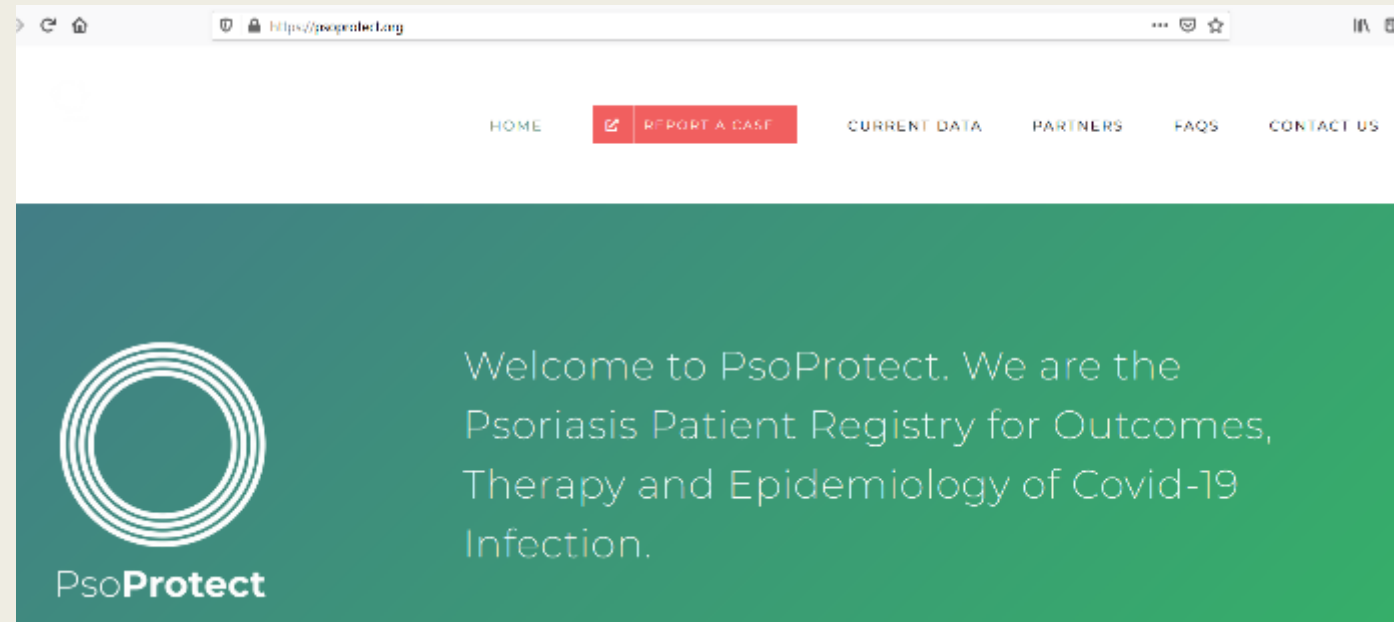
- <http://www.aad.org/covidregistry>
- Only physicians and other health care professionals should enter cases. Patients should not enter their own cases. Health care professionals from any specialty and any country are encouraged to enter cases. You do not need to be a dermatologist to enter cases.
- There are several different types of cases that can go into the registry
 - Patients with COVID-19 (confirmed or suspected) who develop dermatologic manifestations
 - Patients with existing dermatologic conditions who subsequently develop COVID-19
 - Patients on existing dermatologic medications who subsequently develop COVID-19
- We anticipate entering a case will take 5-7 minutes.
- We will ask you for your name, email address, and hospital. We will additionally ask about the patient's demographic information, details about the patient's new onset dermatologic condition, the patient's past medical history including past dermatologic conditions and treatments, as well as details surrounding the patient's COVID-19 diagnosis and treatment. You may not have all of this information, which is fine. Please do your best and enter the information you have.

IPC COVID-19 Psoriasis Registry



PsoProtect is an international registry for clinicians to report outcomes of COVID-19 in individuals with psoriasis. The registry seeks to improve our understanding of how factors such as immunomodulator therapies and comorbidities impact outcomes to COVID-19 in psoriasis. This information will inform clinicians when assessing risk and treating COVID-19 in patients with psoriasis.

<https://psoprotect.org/>



Global COVID-19 Psoriasis Patient Registry



<https://redcap.wakehealth.edu/redcap/surveys/?s=NHMT4LAK77>

- Surveillance Epidemiology of Coronavirus Under Research Exclusion (SECURE-Psoriasis) is an international, pediatric and adult registry to monitor and report on outcomes of COVID-19 occurring in psoriasis patients.
- We encourage psoriasis clinicians worldwide to report ALL cases of COVID-19 in their psoriasis patients, regardless of severity (including asymptomatic patients detected through public health screening).
- Reporting a case to this Surveillance Epidemiology of Coronavirus Under Research Exclusion (SECURE)-Psoriasis registry should take approximately 5 minutes.

Global COVID-19 Atopic Dermatitis and Alopecia Areata Patient Registry



- Anonymised, HIPAA & GDPR compliant patient registries
- Atopic Dermatitis & Alopecia patients on immunomodulating therapy (including hydroxychloroquine)

<http://www.covidderm.org/>

Global COVID-19 IBD Patient Registry

<https://covidibd.org/>



With the collaboration of our entire IBD community, we will rapidly be able to define the impact of COVID-19 on patients with IBD and how factors such as age, comorbidities, and IBD treatments impact COVID outcomes.

Official partners include the Crohn's & Colitis Foundation, the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN), the International Organization for the Study of IBD (IOIBD), the European Crohn's and Colitis Organisation (ECCO), and the Asian Organization for Crohn's & Colitis.

Steering Committee and Collaboration Partners

Partner Organisations



Related Registries



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Global COVID-19 Hidradenitis Suppurativa Patient Registry

<https://hscovid.ucsf.edu/>

- This is an international pediatric and adult database to monitor and report outcomes of COVID-19 occurring in hidradenitis suppurativa (HS) patients. We will use these data to better understand risk of infection and clinical course, track outcomes, and inform HS management in the setting of COVID-19.
- This survey is for healthcare professionals caring for HS patients. We encourage all HS clinicians worldwide to report ALL cases of COVID-19 in HS patients, regardless of severity—including asymptomatic patients detected through public health screenings.
- Please only report suspected or confirmed COVID-19 cases after a minimum of 7 days after COVID-19 diagnosis and after sufficient time has passed to observe disease course through resolution of acute illness or death.

Steering Committee:

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