



Noncutaneous considerations of COVID-19 for dermatology practices

Abstract

COVID-19 presents many pressing challenges to the global dermatological community and our patients with ongoing skin needs, which must be considered by every dermatology provider. Many of these are logistical and administrative, distinct from physical manifestations, and could be summarized by the acronym COVID (Consultations, Operations, Videoconferencing, Immunosuppressive medications, Drug and equipment shortages). While the pandemic may represent a threat to many parts of our existence, dermatologists can help the patients we care for by considering noncutaneous implications of COVID-19 upon our practice.

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Consultations with many dermatology patients will rely upon the use and expansion of high-quality tele dermatology solutions, supported by rigorous practice guidelines.

Operations and surgeries on dermatology patients need to be triaged with time-critical procedures performed urgently with appropriate personal protective equipment donned and nonurgent procedures postponed.

Videoconferencing should be rapidly adopted to support social distancing while facilitating multidisciplinary meetings, teaching events, and conferences, many of which have been canceled. As online platforms have been used for several years to facilitate collaboration between the “developed” world and Africa,¹ dermatologists must move to secure the most effective modes for patient care and collaboration today.

Immunosuppressive (and systemic) medications and their effects upon predisposition to COVID should be considered,² particularly the risk-benefit profile these pose to patients, both were highly likely to be relevant (eg, high doses of immunosuppressives needed for immunobullous disorders) and hypothetical (eg, retinoids weakening the integrity of the mucosal surfaces so theoretically predisposing to viral carriage). Population-based studies of good and bad outcomes

need to be shared. Guidelines and evidence need to be shared by national and international dermatology professional bodies.

Drug and equipment shortages and difficulties in procurement need to be mitigated. There may be transportation difficulties with medications and equipment manufactured in some countries which will make its availability in other areas challenging such as essential protective equipment. An example might be a future shortage of hydroxychloroquine following speculation of its usefulness in reducing the severity of COVID-19.

Each of these issues needs to be addressed with attention paid to patient safety foremost but also informed consent (of physicians and patients), privacy, and security. Successful and unsuccessful practices need to be shared.

While the pandemic may represents a threat to many parts of our existence, dermatologists can help the patients we care for by considering noncutaneous implications of COVID-19 upon our practice.

KEYWORDS

Coronavirus, COVID-19, dermatology, tele dermatology

CONFLICT OF INTEREST

None.

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