Welcome to the latest copy of the Dermatology Update. The aim of this publication is to bring together a range of recently-published research and guidance that will help you make evidence based decisions.

Accessing Articles
The following abstracts are taken from a selection of recently published articles. If the article is available electronically, then there will be a blue link in the abstract. [Press CTRL and click to open the link. You will need to be registered for NHS Athens (see below) to be able to access the full text.] If the full text is not available electronically we may be able to obtain the document through our document supply services.

NHS Athens
Athens passwords allow you to download the full text of articles, where the Trust has a subscription. These are noted at the end of an abstract. To register for a free NHS Athens account please log on to: https://openathens.nice.org.uk/
If you would like help in registering and using NHS Athens accounts, please contact the Library & Knowledge Service.

If you would like to order a copy of the full paper
If we don’t have full text access please contact the Library & Knowledge Service, details below. There is sometimes a small charge for using the document supply services, depending where we can source items from.

Library & Knowledge Service
We are located on 2nd floor, New Alderley House and are staffed from 9.00am to 4.30pm Monday to Friday. 24 hour access is available, just swipe in with your Trust ID badge. You can issue and return books using the self-service kiosk, access the PCs and study facilities.

Contact us
General library enquiries: telephone - 01625 66 1362 or email - ecn-tr.StaffLibrary@nhs.net
Holly Cook, Clinical Outreach Librarian: telephone – 01625 66 3398 or email - holly.cook3@nhs.net
Further information on library services and contacts: www.eastcheshirehslibrary.net

Feedback and requests for additional evidence searches
We are always happy to receive your comments, suggestions and evidence requests. We also have other services to help you keep up-to-date: www.eastcheshirehslibrary.net/keep-up-to-date.html.
Please send your feedback, suggestions for the update or further evidence searches to holly.cook3@nhs.net.
Contents

Articles taken from Medline, Embase and British Nursing Index on 8th June 2020 Page 2-4
Abstracts Page 5 -29
NICE COVID updated guidelines Page 30

1. Psoriasis health care in the time of the coronavirus pandemic: insights from dedicated centers in sardinia (Italy).
4. Herpes zoster might be an indicator for Latent COVID 19 infection.
5. No evidence of increased risk for COVID-19 infection in patients treated with Dupilumab for atopic dermatitis in a high-epidemic area - Bergamo, Lombardy, Italy.
7. The use of Janus kinase inhibitors in the time of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
10. Should patients stop their biologic treatment during the COVID-19 pandemic.
12. Should biologics for psoriasis be interrupted in the era of COVID-19?
13. May COVID-19 outbreaks lead to a worsening of skin chronic inflammatory conditions?
14. Mask-induced contact dermatitis in handling COVID-19 outbreak
15. The effect of the "stay-at-home" policy on requests for dermatology outpatient clinic visits after the COVID-19 outbreak
16. Use of systemic therapies for psoriasis in the COVID-19 era
17. Considerations for Safety in the Use of Systemic Medications for Psoriasis and Atopic Dermatitis during the COVID-19 pandemic
18. Appearance of skin rash in pediatric patients with COVID-19: Three case presentations
19. COVID-19 knowledge prevents biologics discontinuation: Data from an Italian multicenter survey during RED-ZONE declaration

20. Onset of occupational hand eczema among healthcare workers during the SARS-CoV-2 pandemic - comparing a single surgical site with a COVID-19 intensive care unit

21. Apremilast as a potential treatment option for COVID-19: no symptoms of infection in a psoriatic patient

22. Face Mask-induced Itch: A Self-questionnaire Study of 2,315 Responders During the COVID-19 Pandemic

23. Preventing adverse cutaneous reactions from amplified hygiene practices during the COVID-19 pandemic: how dermatologists can help through anticipatory guidance

24. COVID-19 pulmonary infection in erythrodermic psoriatic patient with oligodendroglioma: safety and compatibility of apremilast with critical intensive care management

25. COVID-19: Changing the Landscape of Treatment of Patients With Psoriatic Disease

26. Biologics increase the risk of SARS-CoV-2 infection and hospitalization, but not ICU admission and death: real-life data from a large cohort during RED-ZONE declaration

27. Novel Coronavirus Disease (COVID-19) and Biologic Therapy in Psoriasis: Infection Risk and Patient Counseling in Uncertain Times

28. Managing Cutaneous Immune-Mediated Diseases During the COVID-19 Pandemic

29. COVID-19 and psoriasis: Is it time to limit treatment with immunosuppressants? A call for action

30. European Task Force on Atopic Dermatitis (ETFAD) statement on severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-infection and atopic dermatitis

31. Hydroxychloroquine effects on psoriasis: a systematic review and a cautionary note for COVID-19 treatment

32. COVID-19 pandemic and the skin: what should dermatologists know?

33. Hidden threat lurking behind the alcohol sanitizers in COVID-19 outbreak

34. Covid-19 and Exacerbation of Psoriasis

35. The fear of COVID-19 infection is the main cause of the new diagnoses of hand eczema: report from the frontline in Milan

36. Biologic therapy for psoriasis during the COVID-19 outbreak: the choice is to weigh risks and benefits

37. European Task Force on Contact Dermatitis statement on coronavirus 19 disease (COVID-19) outbreak and the risk of adverse cutaneous reactions

38. The impact of COVID-19 pandemic on patients with chronic plaque psoriasis being treated with biologic therapy: the Northern Italy experience

40. Dermatologists and SARS-CoV-2: The impact of the pandemic on daily practice

41. Biologics for psoriasis in COVID-19 era: what do we know?

42. The role of occupational dermatology in the COVID-19 outbreak

43. A late onset widespread skin rash in a previous Covid-19 infected patient: viral or multidrug effect?

44. Hand sanitizers: A review on formulation aspects, adverse effects, and regulations

45. COVID-19 in an elderly patient treated with secukinumab

46. Risk of hospitalization and death from COVID-19 infection in patients with chronic plaque psoriasis receiving a biologic treatment and renal transplant recipients in maintenance immunosuppressive treatment

47. Overzealous hand hygiene during the COVID 19 pandemic causing an increased incidence of hand eczema among general population

48. Personal protective equipment induced facial dermatoses in healthcare workers managing COVID-19 cases

49. Dermatological diseases presented before COVID-19: Are patients with psoriasis and superficial fungal infections more vulnerable to the COVID-19?

50. Global reporting of cases of COVID-19 in psoriasis and atopic dermatitis: an opportunity to inform care during a pandemic

51. Improvement of SARS-CoV2 symptoms following Guselkumab injection in a psoriatic patient

52. Evolution of COVID-19 infection in 4 psoriatic patients treated with biological drugs

53. Erythema multiforme-like eruption in patients with COVID-19 infection: clinical and histological findings

54. Hand eczema - a growing dermatological concern during the COVID-19 pandemic and possible treatments

55. Petechial Skin Rash Associated with Severe Acute Respiratory Syndrome Coronavirus 2 Infection

56. COVID-19: Pandemic Contingency Planning for the Allergy and Immunology Clinic

57. A distinctive skin rash associated with Coronavirus Disease 2019?

58. A case of COVID-19 presenting in clinical picture resembling chilblains disease. First report from the Middle East

59. Psoriasis and Psoriatic Arthritis: how to manage Immunosuppressants in COVID-19 days

60. A case of exacerbation of psoriasis after oseltamivir and hydroxychloroquine in a patient with COVID-19: Will cases of psoriasis increase after COVID-19 pandemic?

61. Consensus of Chinese experts on protection of skin and mucous membrane barrier for health-care workers fighting against coronavirus disease 2019
1. Psoriasis health care in the time of the coronavirus pandemic: insights from dedicated centers in sardinia (Italy).

**Author(s):** Atzori, L; Mugheddu, C; Addis, G; Sanna, S; Satta, R; Ferreli, C; Atzori, M G; Montesu, M A; Rongioletti, F

**Source:** Journal of the European Academy of Dermatology and Venereology : JEADV; Apr 2020

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32294265

Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library

Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Unpaywall

**Abstract:** Psoriasis is a major chronic inflammatory skin disease, affecting about 3% of the population in Italy, whose management require experienced specialists in order to guarantee high-quality standards of care. The pandemic coronavirus (2019-nCoV; COVID-19) has changed the approach to all patients requiring close contact during a visit, including dermatologic consultations. In Italy, true outbreak begun in Lombardy, by February 21, 2020 with exponential contagion, surpassing China in the number of deaths.

**Database:** Medline


**Author(s):** Wollina, Uwe

**Source:** Dermatologic therapy; Apr 2020 ; p. e13430

**Publication Date:** Apr 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32314460

Available at Dermatologic therapy - from Wiley Online Library

Available at Dermatologic therapy - from Unpaywall

**Abstract:** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a new coronavirus responsible for the pandemic named coronavirus disease 2019 (COVID-19). The disease causes SARS with a significant morbidity and mortality. We provide a review with a focus on COVID-19 in dermatology. We discuss triage of suspected infectious patients, protection of medical doctors and nurses. We discuss the available data on cutaneous symptoms, although disease-specific symptoms have yet not been observed. COVID-19 is a challenge for the treatment of dermatologic patients, either with severe inflammatory disorders or with skin cancer. The consequences for systemic treatment are obvious but it will be most important to collect the clinical data for a better decision process. Last but not least, education in dermatology for students will not be temporarily possible in the classical settings. COVID-19, although not a skin disease, by itself has an immense impact on dermatology.

**Database:** Medline


**Author(s):** Elston, Dirk M

**Source:** Journal of the American Academy of Dermatology; May 2020; vol. 82 (no. 5); p. 1085-1086

**Publication Date:** May 2020

**Publication Type(s):** Editorial Comment
4. Herpes zoster might be an indicator for Latent COVID 19 infection.

Author(s): Elsaie, Mohamed L; Youssef, Eman A; Nada, Hesham A

Source: Dermatologic therapy; May 2020; p. e13666

Publication Date: May 2020

Publication Type(s): Journal Article

PubMedID: 32447801

Available at Dermatologic therapy - from Wiley Online Library
Available at Dermatologic therapy - from Unpaywall

Abstract: Various cutaneous manifestations have been observed in patients with COVID-19 infection. Herpes Zoster is a viral skin disease caused by varicella zoster that remains dormant in the dorsal root ganglia of cutaneous nerves following a primary chicken pox infection. In this report we describe two cases COVID infection who first presented with herpes zoster. We are here by suggesting that the clinical presentation of HZ at the time of the current pandemic even in patients giving mild or no suggestive history of upper respiratory symptoms should be considered as an alarming sign for a recent subclinical SARS CoV2 infection. This article is protected by copyright. All rights reserved.

Database: Medline

5. No evidence of increased risk for COVID-19 infection in patients treated with Dupilumab for atopic dermatitis in a high-epidemic area - Bergamo, Lombardy, Italy.

Author(s): Carugno, A; Raponi, F; Locatelli, A G; Vezzoli, P; Gambini, D M; Di Mercurio, M; Robustelli Test, E; Sena, P

Source: Journal of the European Academy of Dermatology and Venereology : JEADV; Apr 2020

Publication Date: Apr 2020

Publication Type(s): Letter

PubMedID: 32339362

Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library
Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Unpaywall

Abstract: Atopic dermatitis (AD) is a chronic inflammatory skin disease. Patients with AD have increased infection risk, including skin infections and systemic infections. Dupilumab, a fully human monoclonal antibody, blocks the shared receptor component for interleukin-4 (IL-4) and IL-13. Dupilumab is approved for inadequately controlled moderate-to-severe AD.1.

Database: Medline


Author(s): Long, H; Zhao, H; Chen, A; Yao, Z; Cheng, B; Lu, Q

Source: Journal of the European Academy of Dermatology and Venereology : JEADV; May 2020; vol. 34 (no. 5); p. 919-921
7. The use of Janus kinase inhibitors in the time of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

**Author(s):** Peterson, Danielle; Damsky, William; King, Brett

**Source:** Journal of the American Academy of Dermatology; Jun 2020; vol. 82 (no. 6); p. e223

**Publication Date:** Jun 2020

**Publication Type(s):** Letter

**PubMedID:** 32278797

Available at Journal of the American Academy of Dermatology - from Unpaywall

**Database:** Medline


**Author(s):** Lan, Jiajia; Song, Zexing; Miao, Xiaoping; Li, Hang; Li, Yan; Dong, Liyuan; Yang, Jing; An, Xiangjie; Zhang, Yamin; Yang, Liu; Zhou, Nuoya; Li, Jun; Cao, Jingjiang; Wang, Jianxiu; Tao, Juan

**Source:** Journal of the American Academy of Dermatology; May 2020; vol. 82 (no. 5); p. 1215-1216

**Publication Date:** May 2020

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 32171808

Available at Journal of the American Academy of Dermatology - from Unpaywall

**Database:** Medline


**Author(s):** Price, Kyla N; Frew, John W; Hsiao, Jennifer L; Shi, Vivian Y

**Source:** Journal of the American Academy of Dermatology; May 2020; vol. 82 (no. 5); p. e173

**Publication Date:** May 2020

**Publication Type(s):** Letter Comment

**PubMedID:** 32224277

Available at Journal of the American Academy of Dermatology - from Unpaywall

**Database:** Medline

10. Should patients stop their biologic treatment during the COVID-19 pandemic.

**Author(s):** Bashyam, Arjun M; Feldman, Steven R

**Source:** The Journal of dermatological treatment; Jun 2020; vol. 31 (no. 4); p. 317-318

Author(s): Kansal, Naveen Kumar

Source: Journal of the American Academy of Dermatology; Jun 2020; vol. 82 (no. 6); p. e213

Publication Date: Jun 2020
Publication Type(s): Letter Comment
PubMedID: 32246966
Available at Journal of the American Academy of Dermatology - from Unpaywall
Database: Medline

12. Should biologics for psoriasis be interrupted in the era of COVID-19?

Author(s): Lebwohl, Mark; Rivera-Oyola, Ryan; Murrell, Dedee F

Source: Journal of the American Academy of Dermatology; May 2020; vol. 82 (no. 5); p. 1217-1218

Publication Date: May 2020
Publication Type(s): Letter
PubMedID: 32199889
Available at Journal of the American Academy of Dermatology - from Unpaywall
Database: Medline

13. May COVID-19 outbreaks lead to a worsening of skin chronic inflammatory conditions?

Author(s): Marasca C.; Ruggiero A.; Fabbrocini G.; Megna M.; Napolitano M.

Source: Medical Hypotheses; Oct 2020; vol. 143

Publication Date: Oct 2020
Publication Type(s): Letter
Available at Medical Hypotheses - from Unpaywall

Abstract: The emergence of the novel beta Coronavirus has raised serious concerns due to the virus rapid dissemination worldwide. Many areas throughout the world are now experiencing the COVID 19 outbreaks with government and policy authorities taking many aggressive isolation or restriction measures, drastically reducing also patient's visits and limiting only to the most urgent ones such as oncological visits or emergencies. Several studies have demonstrated a relationship between increased weight, obesity, diabetes, hypertension and inflammatory skin diseases. Furthermore, weight loss interventions have been shown to improve psoriasis, as well as hidradenitis suppurativa, and increase responsiveness to treatment of this conditions. We suppose that due to aggressive isolation or restriction measures, in the next future dermatologist will face with a common worsening of chronic skin inflammatory conditions due to reduced physical activities, increased intake of calories with the derived increase body weight and always more frequent treatment discontinuation. It is time to start potential preventive strategies.
which could limit the expected negative impact of COVID-19 related quarantine on skin diseases. Copyright © 2020 Elsevier Ltd

Database: EMBASE

14. Mask-induced contact dermatitis in handling COVID-19 outbreak

**Author(s):** Xie Z.; Yang Y.-X.; Zhang H.

**Source:** Contact Dermatitis; 2020

**Publication Date:** 2020

**Publication Type(s):** Note

**PubMedID:** 32390190

Available at Contact Dermatitis - from Wiley Online Library
Available at Contact Dermatitis - from Unpaywall

Database: EMBASE

15. The effect of the "stay-at-home" policy on requests for dermatology outpatient clinic visits after the COVID-19 outbreak

**Author(s):** Kutlu O.; Metin A.; Gunes R.; Coerdt K.; Khachemoune A.

**Source:** Dermatologic Therapy; 2020

**Publication Date:** 2020

**Publication Type(s):** Article

**PubMedID:** 32401401

Available at Dermatologic Therapy - from Wiley Online Library
Available at Dermatologic Therapy - from Unpaywall

**Abstract:** The Coronavirus Disease 2019 (COVID-19) emerged late in Turkey but it showed a rapid progression later. We aimed to investigate the changes in the number of patients who requested a dermatology outpatient clinic visit due to the increased social and medical burden caused by COVID-19 in Turkey during the first days of the pandemic. We also examined the most common dermatologic diseases diagnosed during the COVID-19 outbreak. A statistically significant negative correlation was found between the number of COVID-19 patients in the country and the number of patients requesting a dermatology outpatient clinic visit in the secondary and tertiary care hospitals during self-quarantine. In the first 10 days after the COVID-19 outbreak, acne (28.2%), urticaria (12.8%), scabies (12.8%), irritant contact dermatitis (10.3%), and xerosis cutis (10.2%) were the most common diseases seen in the dermatology clinic at the secondary care hospital, while acne (23.3%), warts (5.4%), seborrheic dermatitis (4.5%), urticaria (3.8%), and psoriasis (3.32%) were the most common diseases seen in the dermatology clinic at the tertiary care hospital. This is our first study on the frequency and nature of outpatient dermatology visits during this novel coronavirus pandemic. Understanding the trends and impacts of dermatologic diseases on patients and health systems during this pandemic will allow for better preparation of dermatologists in the future. Copyright © 2020 Wiley Periodicals LLC.

Database: EMBASE

16. Use of systemic therapies for psoriasis in the COVID-19 era

**Author(s):** Kearns D.G.; Uppal S.; Chat V.S.; Wu J.J.

**Source:** The Journal of dermatological treatment; May 2020 ; p. 1-14
17. Considerations for Safety in the Use of Systemic Medications for Psoriasis and Atopic Dermatitis during the COVID-19 pandemic

Author(s): Ricardo J.W.; Lipner S.R.
Source: Dermatologic therapy; May 2020
Publication Date: May 2020
Publication Type(s): Review
PubMedID: 32458536
Available at Dermatologic therapy - from Wiley Online Library

Abstract: Coronavirus disease 2019 (COVID-19), is responsible for at least 2,546,527 cases and 175,812 deaths as of April 21, 2020. Psoriasis and atopic dermatitis are common, chronic, inflammatory skin conditions, with immune dysregulation as a shared mechanism; therefore, mainstays of treatment include systemic immunomodulating therapies. It is unknown whether these therapies are associated with increased to COVID-19 susceptibility or worse outcomes in infected patients. In this review, we discuss overall infection risks of non-biologic and biologic systemic medications for psoriasis and atopic dermatitis, and provide therapeutic recommendations. In summary, in patients with active infection, systemic conventional medications, the JAK inhibitor tofacitinib, and biologics for psoriasis should be temporarily held until there is more data; in uninfected patients switching to safer alternatives should be considered. Interleukin (IL)-17, IL-12/23 and IL-23 inhibitors are associated with low infection risk, with IL-17 and IL-23 favored over IL-12/23 inhibitors. Pivotal trials and postmarketing data also suggest that IL-17 and IL-23 blockers are safer than TNF-blockers. Apremilast, acitretin and dupilumab, have favorable safety data, and may be safely initiated and continued in uninfected patients. Without definitive COVID-19 data, these recommendations may be useful in guiding treatment of psoriasis and atopic dermatitis patients during the COVID-19 pandemic. This article is protected by copyright. All rights reserved.

Database: EMBASE

18. Appearance of skin rash in pediatric patients with COVID-19: Three case presentations

Author(s): Bursal Duramaz B.; Turel O.; Yozgat C.Y.; Yozgat Y.
19. COVID-19 knowledge prevents biologics discontinuation: Data from an Italian multicenter survey during RED-ZONE declaration

Author(s): Bragazzi N.L.; Ricco M.; Pacifico A.; Malagoli P.; Kridin K.; Pigatto P.; Damiani G.

Abstract: SARS-CoV-2 become pandemics and there is still a dearth of data about its the potentially among dermatological patients under biologics. We aimed to assess health literacy, disease knowledge, treatment dissatisfaction and biologics attitudes toward COVID-19. We performed a cross-sectional, questionnaire-based survey on 98/105 consecutive dermatological patients treated with biologics-51 suffering from plaque psoriasis, 22 from atopic dermatitis, and 25 from hidradenitis suppurativa. An ad hoc, validated questionnaire has 44 items investigating the following domains: knowledge of COVID-19 related to (a) epidemiology, (b) pathogenesis, (c) clinical symptoms, (d) preventive measures, and (e) attitudes. Patients data and questionnaires were collected. Despite only 8.1% thought that biologics may increase the risk of COVID-19, 18.4% and 21.4% of the patients were evaluating the possibility to discontinue or modify the dosage of the current biologic therapy, respectively. Globally, male patients (P =.001) with higher scholarity level (P =.005) displayed higher knowledge of COVID-19. Patients with lower DLQI (P =.006), longer disease duration (P =.051) and lower scholarity (P =.007) have thought to discontinue/modify autonomously their biologic therapy. At the multivariate logistic regression, only the knowledge of epidemiology and preventive measures resulted independent predictors of continuation vs discontinuation and modification vs no modification, respectively. Dermatologists should promote COVID-19 knowledge to prevent biologics disruption.

Copyright © 2020 Wiley Periodicals LLC.

20. Onset of occupational hand eczema among healthcare workers during the SARS-CoV-2 pandemic - comparing a single surgical site with a COVID-19 intensive care unit

Author(s): Guertler A.; Kendziora B.; French L.E.; Reinholz M.; Moellhoff N.; Schenck T.L.; Hagen C.S.; Giunta R.E.

Abstract: The aim of this study was to compare the onset of occupational hand eczema (OHE) among healthcare workers (HCWs) during the SARS-CoV-2 pandemic in a single surgical site with a COVID-19 intensive care unit (ICU). A questionnaire was sent to HCWs and patients who had visited the surgical ward from March 2019 to March 2020. The prevalence of OHE in the surgical ward was 11.3%, while in the ICU it was 22.5%. The main risk factors for OHE were the use of gloves (P =.001), the duration of shifts (P =.003), and the occurrence of hand hygiene problems (P =.009). The study indicates that the COVID-19 pandemic has a significant impact on the prevalence of OHE among HCWs, with a higher risk in the ICU setting.

Copyright © 2020 Wiley Periodicals LLC.
Abstract:

BACKGROUND: Due to the COVID-19 outbreak, hygiene regulations have been intensified and hand sanitation has gained special attention.

OBJECTIVE(S): To investigate the onset of hand eczema during the COVID-19 pandemic in health care workers (HCWs) directly involved in intensive care of COVID-19 patients and HCWs without direct contact. Hereby, we aim at increasing awareness with regard to occupational hand eczema and preventive measures that can be undertaken.

METHOD(S): A survey was distributed amongst 114 HCWs at a single surgical site and at a COVID-19 intensive care unit of the university hospital LMU Munich, Germany. Participants were questioned with regard to the daily frequency of hand hygiene prior to and during the pandemic. Participants self-reported onset of hand eczema and associated symptoms.

RESULT(S): Our study revealed a significant increase of hand washing, disinfection and use of hand cream across all participants (P-value<.001), regardless of having direct contact with COVID-19 patients. A high prevalence of symptoms associated with acute hand dermatitis was found in 90.4% across all HCWs, whereas hand eczema itself was underreported (14.9%).

CONCLUSION(S): The increase of hand sanitation during the COVID-19 pandemic impairs the skin of the hands across all HCWs, independent of direct intensive care of affected patients. This article is protected by copyright. All rights reserved.

Database: EMBASE

21. Apremilast as a potential treatment option for COVID-19: no symptoms of infection in a psoriatic patient

Author(s): Yu Olisova O.; Anpilogova E.M.; Svistunova D.A.

Source: Dermatologic therapy; May 2020

Publication Date: May 2020

Publication Type(s): Article

PubMedID: 32449265

Available at Dermatologic therapy - from Wiley Online Library
Available at Dermatologic therapy - from Unpaywall

Database: EMBASE

22. Face Mask-induced Itch: A Self-questionnaire Study of 2,315 Responders During the COVID-19 Pandemic

Author(s): Szepietowski J.C.; Matusiak L.; Szepietowska M.; Krajewski P.; Bialynicki-Birula R.

Source: Acta dermatologico-venereologica; May 2020

Publication Date: May 2020

Publication Type(s): Article

PubMedID: 32449781

Available at Acta dermatologico-venereologica - from IngentaConnect - Open Access
Available at Acta dermatologico-venereologica - from EBSCO (MEDLINE Complete)

Abstract: Little is known about itch related to the use of face masks. This internet survey study investigated the prevalence, intensity and clinical characteristics of itch related to the use of face masks by the general public during the COVID-19 pandemic. A total of 2,315 replies were received, of which 2,307 were included in the final analysis. Of the respondents, 1,393 (60.4%) reported using face masks during the previous week, and, of these, 273 (19.6%) participants reported having itch. Subjects who reported sensitive skin and atopic predisposition, and those with
Facial dermatoses (acne, atopic dermatitis or seborrhoeic dermatitis) were at significantly higher risk of itch development. The highest rating of itch for the whole group on the Itch Numeral Rating Scale was 4.07+/−2.06 (itch of moderate intensity). Responders who wore masks for longer periods more frequently reported itch. Almost 30% of itchy subjects reported scratching their face without removing the mask, or after removing the mask and then scratching. Wearing face masks is linked to development of itch, and scratching can lead to incorrect use of face masks, resulting in reduced protection.

**Database:** EMBASE

---

23. Preventing adverse cutaneous reactions from amplified hygiene practices during the COVID-19 pandemic: how dermatologists can help through anticipatory guidance

**Author(s):** MacGibeny M.A.; Wassef C.

**Source:** Archives of dermatological research; May 2020

**Publication Date:** May 2020

**Publication Type(s):** Article

**PubMedID:** 32388643

Available at [Archives of dermatological research - from Unpaywall](link)

**Abstract:** The COVID-19 pandemic has swept the globe with more than 2,000,000 confirmed cases of SARS-CoV-2 infection in 184 countries and territories. According to the Centers for Disease Control and Prevention (CDC), two crucial actions can reduce the risk of person-to-person viral transmission: frequent hand washing and surface decontamination with specific environmental protection agency (EPA)-registered disinfectants. As hygiene recommendations evolve during the COVID-19 pandemic and community members adopt changing practices, dermatologists are likely to see a rise in adverse cutaneous reactions from prolonged irritant exposures and widespread use of antimicrobials. The purposes of this report are to familiarize dermatologists with the hygiene practices recommended for COVID-19 prevention, to highlight adverse cutaneous reactions associated with repeated exposures to detergents and disinfectants, and to discuss strategies which patients can implement during the COVID-19 pandemic to minimize skin irritation while still performing hygiene practices effectively.

**Database:** EMBASE

---

24. COVID-19 pulmonary infection in erythrodermic psoriatic patient with oligodendroglioma: safety and compatibility of apremilast with critical intensive care management

**Author(s):** Mugheddu C.; Pizzatti L.; Sanna S.; Atzori L.; Rongioletti F.

**Source:** Journal of the European Academy of Dermatology and Venereology : JEADV; May 2020

**Publication Date:** May 2020

**Publication Type(s):** Letter

**PubMedID:** 32385859

Available at [Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library](link) and [Journal of the European Academy of Dermatology and Venereology : JEADV - from Unpaywall](link)

**Abstract:** Novel coronavirus 2019 (SARS-CoV2) pandemic has particularly affected Italy, with a profound impact on the therapeutic strategy for complex disorder such as psoriasis, whose extensive skin damage might expose to an increased infective risk compared to the general population. Psoriasis treatment relies on immunosuppression, and although most experts agree that the benefit-to risk-ratio is in favor of maintaining selective biologic therapies, and small molecules such as apremilast, they recommend dismissal if severe COVID-19 symptoms occur. Copyright This article is protected by copyright. All rights reserved.
25. COVID-19: Changing the Landscape of Treatment of Patients With Psoriatic Disease

**Author(s):** Van Voorhees A.S.

**Source:** Journal of Psoriasis and Psoriatic Arthritis; Apr 2020; vol. 5 (no. 2); p. 45

**Publication Date:** Apr 2020

**Publication Type(s):** Editorial

Available at Journal of Psoriasis and Psoriatic Arthritis - from Unpaywall

**Database:** EMBASE

26. Biologics increase the risk of SARS-CoV-2 infection and hospitalization, but not ICU admission and death: real-life data from a large cohort during RED-ZONE declaration

**Author(s):** Damiani G.; Pacifico A.; Bragazzi N.L.; Malagoli P.

**Source:** Dermatologic Therapy; 2020

**Publication Date:** 2020

**Publication Type(s):** Note

**PubMedID:** 32356577

Available at Dermatologic Therapy - from Wiley Online Library

Available at Dermatologic Therapy - from Unpaywall

**Abstract:** During COVID-19 outbreak there are discordant opinion towards the impact on biologics in psoriatic patients. Thus we performed a single center case-control study in Lombardia, the Italian region with the higher number of COVID-19 confirmed cases. We enrolled 1193 PsO patients treated with biologics and small molecules and we used the entire Lombardia population as controls. Notably, 17 PsO patients COVID-19 confirmed were quarantined at home and 5 hospitalized, no PsO patients were admitted to intensive care unit (ICU) or died. With respect to the general population of Lombardy, patients on biologics were at higher risk to be symptomatic for COVID-19 (OR 3.43 [95%CI 2.25-5.73], P < 0.0001), to be self-quarantined at home (OR 9.05 [95%CI 5.61-14.61], P < 0.0001) and hospitalized (OR 3.59 [95%CI 1.49-8.63], P = 0.0044) however not increased risk of ICU admission or death were found. PsO Patients on biologics should be carefully monitored with telemedicine during COVID-19 outbreak and early treated at home to limit hospital overwhelm. This article is protected by copyright. All rights reserved.

**Database:** EMBASE

27. Novel Coronavirus Disease (COVID-19) and Biologic Therapy in Psoriasis: Infection Risk and Patient Counseling in Uncertain Times

**Author(s):** Brownstone N.D.; Thibodeaux Q.G.; Reddy V.D.; Myers B.A.; Chan S.Y.; Bhutani T.; Liao W.

**Source:** Dermatology and Therapy; Jun 2020; vol. 10 (no. 3); p. 339-349

**Publication Date:** Jun 2020

**Publication Type(s):** Article

Available at Dermatology and therapy - from Europe PubMed Central - Open Access

Available at Dermatology and therapy - from ProQuest (Health Research Premium) - NHS Version

Available at Dermatology and therapy - from Unpaywall
Abstract: With the emergence of the novel coronavirus disease (COVID-19) viral pandemic, there is uncertainty whether biologic agents for psoriasis may place patients at a higher risk for infection or more severe disease course. This commentary offers patient counseling recommendations based on the current available evidence. While there are currently no specific data for psoriasis biologics and COVID-19, data are presented here from phase III clinical trials of psoriasis biologics on rates of upper respiratory infection, influenza, and serious infection. Overall these data reveal that on the whole, psoriasis biologics do not show major increases in infection risk compared to placebo during the course of these trials. However, as the COVID-19 virus is a novel pathogen that is associated with mortality in a subset of patients, a cautious approach is warranted. We discuss factors that may alter the benefit-risk ratio of biologic use during this time of COVID-19 outbreak. Ultimately, treatment decisions should be made on the basis of dialogue between patient and provider, considering each patient’s individualized situation. Once this pandemic has passed, it is only a matter of time before a new viral disease reignites the same issues discussed here. Copyright © 2020, The Author(s).

Database: EMBASE

28. Managing Cutaneous Immune-Mediated Diseases During the COVID-19 Pandemic

Author(s): Torres T.; Puig L.
Source: American Journal of Clinical Dermatology; 2020
Publication Date: 2020
Publication Type(s): Article
PubMedID: 32277351
Available at American journal of clinical dermatology - from Unpaywall

Abstract: Coronavirus disease 2019 (COVID-19) is a clinical syndrome caused by a novel coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). COVID-19 has spread rapidly worldwide and has been shown to have a wide spectrum of severity. COVID-19 has become a public health emergency of relevant international concern, and it was declared a pandemic by the World Health Organization on 11 March, 2020. SARS-CoV-2 infection in severe cases involves the host response as an important contributor to the disease process and tissue damage, mainly due to dysregulated and excessive innate immune responses. The primary immune response leads to viral clearance in the majority of cases. However, in a subgroup of patients, the secondary immune response may be exaggerated, leading to inflammatory-induced lung injury and other complications including pneumonitis, acute respiratory distress syndrome, respiratory failure, shock, organ failure, and potentially death. Several cutaneous immune-mediated diseases, including psoriasis, atopic dermatitis, and hidradenitis suppurativa, are therapeutically managed with biologic and non-biologic immunosuppressive and immunomodulatory drugs. The outbreak of COVID-19 affects the management of these chronic conditions, not only for those who are already receiving treatment but also for those who are about to start a new treatment to control their disease. In this article, the management of cutaneous immune-mediated diseases during the COVID-19 pandemic is discussed. Copyright © 2020, Springer Nature Switzerland AG.

Database: EMBASE

29. COVID-19 and psoriasis: Is it time to limit treatment with immunosuppressants? A call for action

Author(s): Conforti C.; Di Meo N.; Zalaudek I.; Giuffrida R.; Dianzani C.
Source: Dermatologic Therapy; 2020
Publication Date: 2020
Publication Type(s): Letter
PubMedID: 32157783
30. European Task Force on Atopic Dermatitis (ETFAD) statement on severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2)-infection and atopic dermatitis

**Author(s):** Wollenberg A.; Flohr C.; Simon D.; Cork M.J.; Thyssen J.P.; Bieber T.; de Bruin-Weller M.S.; Weidinger S.; Folster-Holst R.; Deleuran M.; Vestergaard C.; Taieb A.; Paul C.; Trzeciak M.; Werfel T.; Heratizadeh A.; Seneschal J.; Barbarot S.; Darsow U.; Torrelo A.; Stalder J.-F.; Svensson A.; Hijnen D.; Gelmetti C.; Szalai Z.; Gieler U.; De Raeve L.; Kunz B.; Spuls P.; von Kobyletzki L.B.; Chernyshov P.V.; Cristen-Zaech S.; Ring J.

**Source:** Journal of the European Academy of Dermatology and Venereology : JEADV; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Letter

**PubMedID:** 32223003

**Abstract:** Atopic dermatitis (AD) is a complex disease with elevated risk of respiratory comorbidities.1,2 Severely affected patients are often treated with immune-modulating systemic drugs.3,4 On March 11th 2020, the World Health Organization declared the 2019 novel coronavirus severe acute respiratory syndrome (SARS-Cov-2) epidemic to be a pandemic. The number of cases worldwide is increasing exponentially and poses a major health threat, especially for those who are elderly, immuno-compromised, or have comorbidities. This also applies to AD patients on systemic immune-modulating treatment. In these days of uncertainty, reallocation of medical resources, curfew, hoarding, and shutdown of normal social life, patients, caregivers and doctors ask questions regarding the continuation of systemic immune-modulating treatment of AD patients. The ETFAD decided to address some of these questions here.

**Database:** EMBASE

31. Hydroxychloroquine effects on psoriasis: a systematic review and a cautionary note for COVID-19 treatment

**Author(s):** Sachdeva M.; Maliyar K.; Lytvyn Y.; Mufti A.; Yeung J.

**Source:** Journal of the American Academy of Dermatology; May 2020

**Publication Date:** May 2020

**Publication Type(s):** Review

**PubMedID:** 32442699

**Abstract:**

**BACKGROUND:** While evidence suggests that hydroxychloroquine (HCQ) may decrease the viral load in patients with a COVID-19 infection, a number of case reports indicate adverse dermatologic effects of this potential treatment.

**OBJECTIVE(S):** To conduct a systematic review of previously reported cases of psoriasis onset, exacerbation, or relapse after HCQ treatment.

**METHOD(S):** A comprehensive EMBASE and MEDLINE search of original studies examining adverse effects of HCQ treatment related to psoriasis was conducted. Participant demographics, and details of HCQ administration and psoriasis diagnosis were extracted from 15 articles representing 18 patients.
RESULT(S): Females accounted for a significantly larger number of psoriatic cases compared to males and unreported sex (n=14, 77.8% vs. n=2, 11.1% vs n=2, 11.1% respectively). Additionally, 50% (n=9) of the cases did not have a history of psoriasis prior to taking HCQ. Of the 18 patients, 50.0% (n=9) experienced de novo psoriasis, 27.8% (n=5) experienced exacerbation of psoriatic symptoms and 22.2% (n=4) had a relapse of psoriasis after HCQ administration.

CONCLUSION(S): HCQ treatment may result in induction, exacerbation, or relapse of psoriasis. Monitoring for adverse effects of HCQ treatment is necessary, and clinical trials are essential in characterizing the safety profile of HCQ use in patients with a COVID-19 infection. Copyright © 2020. Published by Elsevier Inc.

Database: EMBASE

32. COVID-19 pandemic and the skin: what should dermatologists know?

Author(s): Darleniski R.; Tsankov N.

Source: Clinics in Dermatology; 2020

Publication Date: 2020

Publication Type(s): Article

Available at Clinics in Dermatology - from Unpaywall

Abstract: 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. Pressure injury, contact dermatitis, itch, pressure urticaria, and exacerbation of preexisting skin diseases, including seborrheic dermatitis and acne, have been described. We have focused on the dermatologic aspects of the COVID-19 infection so that dermatologists are aware of the skin complications and preventive measures can be taken in the COVID-19 pandemic. Copyright © 2020

Database: EMBASE

33. Hidden threat lurking behind the alcohol sanitizers in CoVID-19 outbreak

Author(s): Emami A.; Javanmardi F.; Pirbonyeh N.; Keshavarzi A.

Source: Dermatologic therapy; May 2020

Publication Date: May 2020

Publication Type(s): Article

PubMedID: 32436262

Available at Dermatologic therapy - from Wiley Online Library

Available at Dermatologic therapy - from Unpaywall

Abstract: The ongoing Covid-19 pandemic has made various challenges for communications all over the world. Nowadays hand hygiene practices with alcohol sanitizers are an unavoidable reality for many people which cause skin dryness and flaking. The current short communication has been explained about monitoring the quality control of alcohol concentrations and hand rub formulation which needs more attention and should consider meticulous in this crisis. This article is protected by copyright. All rights reserved.

Database: EMBASE

34. Covid-19 and Exacerbation of Psoriasis

Author(s): Ozaras R.; Berk A.; Ucar D.H.; Duman H.; Kaya F.; Mutlu H.
35. The fear of COVID-19 infection is the main cause of the new diagnoses of hand eczema: report from the frontline in Milan
Author(s): Giacalone S.; Bortoluzzi P.; Nazzaro G.
Source: Dermatologic therapy; May 2020
Publication Date: May 2020
Publication Type(s): Letter
PubMedID: 32436303
Available at Dermatologic therapy - from Wiley Online Library
Available at Dermatologic therapy - from Unpaywall
Database: EMBASE

36. Biologic therapy for psoriasis during the COVID-19 outbreak: the choice is to weigh risks and benefits
Author(s): Conforti C.; Di Meo N.; Zalaudek I.; Giuffrida R.; Dianzani C.
Source: Dermatologic Therapy; 2020
Publication Date: 2020
Publication Type(s): Letter
PubMedID: 32358864
Available at Dermatologic therapy - from Wiley Online Library
Available at Dermatologic therapy - from Unpaywall
Database: EMBASE

37. European Task Force on Contact Dermatitis statement on coronavirus 19 disease (COVID-19) outbreak and the risk of adverse cutaneous reactions
Author(s): Balato A.; Ayala F.; Bruze M.; Svedman C.; Crepy M.-N.; Goncalo M.; Duus Johansen J.; John S.M.; Pigatto P.; Raimondo A.; Rustemeyer T.; Schuttehaar M.-L.A.; Aerst O.; Uter W.; Wilkinson M.; Gimenez-Arnau A.
Source: Journal of the European Academy of Dermatology and Venereology; 2020
Publication Date: 2020
Publication Type(s): Letter
PubMedID: 32356382
Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library
Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Unpaywall
**Abstract:** Among the basic protective measures against COVID-19, the need to wash hands frequently and in a prolonged way using soap, and to regularly use alcohol-based hand sanitizers is well established for the whole population. Healthcare workers in general, and particularly those involved in the direct care of COVID-19 patients, have to wear personal protective equipment (PPE) daily for many hours and also accomplish general preventive measurements outside their work. Cutaneous adverse reactions can develop that need to be prevented, identified and therapeutically managed. According to the data reported by Lin et al 1, based in the experience from healthcare workers in Wuhan, adverse skin reactions were reported in 74% of responders (n=376) to a general survey. The most commonly reported types of eruptions were skin dryness or desquamation (68.6%), papules or erythema (60.4%) and maceration (52.9%).

**Database:** EMBASE

**38. The impact of COVID-19 pandemic on patients with chronic plaque psoriasis being treated with biologic therapy: the Northern Italy experience**

Author(s): Gisondi P.; Facheris P.; Costanzo A.; Darapo P.; Piaserico S.; Conti A.; Naldi L.; Cazzaniga S.; Malagoli P.

Source: British Journal of Dermatology; 2020

Publication Date: 2020

Publication Type(s): Letter

Available at British Journal of Dermatology - from Wiley Online Library

Abstract: The "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2) has spread over the four continents, causing the respiratory manifestations of Coronavirus disease-19 (COVID-19) and satisfying the epidemiological criteria for a pandemic [1]. As of April 1, 2020, more than one million COVID-19 positive cases have been identified and more than 54,000 deaths have occurred worldwide [2]. In Italy, 110,574 positive cases, 49,285 hospitalized patients and 13,155 deaths out of a population of 60,359,546 inhabitants, have been reported, respectively [3]. The highest number of deaths occurred in the northern Italian regions, i.e. Lombardy, Emilia-Romagna, Veneto and Piedmont [3].

**Database:** EMBASE

**39. Systemic Immunosuppressive Therapy for Inflammatory Skin Diseases in Children: Expert-Consensus-Based Guidance for Clinical Decision Making During the COVID-19 Pandemic**


Source: Pediatric Dermatology; 2020

Publication Date: 2020

Publication Type(s): Review

PubMedID: 32320494

Available at Pediatric dermatology - from Wiley Online Library

Abstract: The COVID-19 pandemic has raised questions about the approach to management of systemic immunosuppressive therapies for dermatologic indications in children. Given the absence of data to address concerns related to SARS-CoV-2 infection while on these agents in an evidence-based manner, a Pediatric Dermatology COVID-19 Response Task Force (PDCRTF) was assembled to offer time-sensitive guidance for clinicians.
Method(s): A survey was distributed to an expert panel of 37 pediatric dermatologists on the PDCRTF to assess expert opinion and current practice related to three primary domains of systemic therapy: initiation, continuation, and laboratory monitoring.

Result(s): Nearly all respondents (97%) reported that the COVID-19 pandemic had impacted their decision to initiate immunosuppressive medications. The majority of pediatric dermatologists (87%) reported that they were pausing or reducing the frequency of laboratory monitoring for certain immunosuppressive medications. In asymptomatic patients, continuing therapy was the most popular choice across all medications queried. The majority agreed that patients on immunosuppressive medications who have a household exposure to COVID-19 or test positive for acute infection should temporarily discontinue systemic and biologic medications, with the exception of systemic steroids, which may require tapering.

Conclusion(s): The ultimate decision regarding initiation, continuation and laboratory monitoring of immunosuppressive therapy during the pandemic requires careful deliberation, consideration of the little evidence available, and discussion with families. Consideration of an individual’s adherence to COVID-19 preventive measures, risk of exposure, and the potential severity if infected must be weighed against the dermatological disease, medication, and risks to the patient of tapering or discontinuing therapies.

Database: EMBASE

40. Dermatologists and SARS-CoV-2: The impact of the pandemic on daily practice

Author(s): Gisondi P.; Piaserico S.; Conti A.; Naldi L.

Source: Journal of the European Academy of Dermatology and Venereology; 2020

Publication Date: 2020

Publication Type(s): Review

PubMedID: 32320091

Available at Journal of the European Academy of Dermatology and Venereology: JEADV - from Wiley Online Library
Available at Journal of the European Academy of Dermatology and Venereology: JEADV - from Unpaywall

Abstract: Since the first case of "pneumonia of unknown aetiology" was diagnosed at the Wuhan Jinyintan Hospital in China on 30 December 2019, what was recognised thereafter as "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2) has spread over the four continents, causing the respiratory manifestations of Coronavirus disease-19 (COVID-19) and satisfying the epidemiological criteria for a label of "pandemic." The ongoing SARS-CoV-2 pandemic is having a huge impact on dermatological practice including the marked reduction of face-to-face consultations in favour of teledermatology, the uncertainties concerning the outcome of COVID-19 infection in patients with common inflammatory disorders such as psoriasis or atopic dermatitis receiving immunosuppressive/immunomodulating systemic therapies; the direct involvement of dermatologists in COVID-19 care for patients assistance and new research needs to be addressed. It is not known yet, if skin lesions and derangement of the skin barrier could make it easier for SARS-CoV-2 to transmit via indirect contact; it remains to be defined if specific mucosal or skin lesions are associated with SARS-CoV-2 infection, although some unpublished observations indicate the occurrence of a transient varicelliform exanthema during the early phase of the infection. SARS-CoV-2 is a new pathogen for humans that is highly contagious, can spread quickly, and is capable of causing enormous health, economic and societal impacts in any setting. The consequences may continue long after the pandemic resolves, and new management modalities for dermatology may originate from the COVID-19 disaster. Learning from experience may help to cope with future major societal changes.

Copyright This article is protected by copyright. All rights reserved.

Database: EMBASE
41. Biologics for psoriasis in COVID-19 era: what do we know?
Author(s): Megna M.; Fabbrocini G.; Napolitano M.; Patruno C.
Source: Dermatologic Therapy; 2020
Publication Date: 2020
Publication Type(s): Letter
PubMedID: 32338424
Available at Dermatologic therapy - from Wiley Online Library
Available at Dermatologic therapy - from Unpaywall
Database: EMBASE

42. The role of occupational dermatology in the COVID-19 outbreak
Author(s): Patruno C.; Fabbrocini G.; Stingeni L.; Napolitano M.
Source: Contact Dermatitis; 2020
Publication Date: 2020
Publication Type(s): Letter
PubMedID: 32319103
Available at Contact dermatitis - from Wiley Online Library
Available at Contact dermatitis - from Unpaywall
Database: EMBASE

43. A late onset widespread skin rash in a previous Covid-19 infected patient: viral or multidrug effect?
Author(s): Skroza N.; Bernardini N.; Balduzzi V.; Mambrin A.; Marchesiello A.; Michelini S.; Tolino E.; Proietti I.; Potenza C.; Di Cristofano C.; Petrozza V.
Source: Journal of the European Academy of Dermatology and Venereology : JEADV; May 2020
Publication Date: May 2020
Publication Type(s): Letter
PubMedID: 32421877
Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library
Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Unpaywall
Abstract: in the end of 2019, a series of pneumonia cases emerged in China, with clinical presentations greatly resembling viral pneumonia, caused by Covid-19 o SARS-CoV-2. Currently, several clinicians described an increasingly cases of coronavirus-positive patients reporting skin problems, either in early stage of infection or as late onset manifestation. Recently, Dr. Sebastiano Recalcati analyzed the cutaneous involvement in 148 COVID-19 patients hospitalized in the Lecco Hospital, Lombardy, Italy.Copyright This article is protected by copyright. All rights reserved.
Database: EMBASE

44. Hand sanitizers: A review on formulation aspects, adverse effects, and regulations
Author(s): Jing J.L.J.; Yi T.P.; Bose R.J.C.; McCarthy J.R.; Tharmalingam N.; Madheswaran T.
Abstract: Hand hygiene is of utmost importance as it may be contaminated easily from direct contact with airborne microorganism droplets from coughs and sneezes. Particularly in situations like pandemic outbreak, it is crucial to interrupt the transmission chain of the virus by the practice of proper hand sanitization. It can be achieved with contact isolation and strict infection control tool like maintaining good hand hygiene in hospital settings and in public. The success of the hand sanitization solely depends on the use of effective hand disinfecting agents formulated in various types and forms such as antimicrobial soaps, water-based or alcohol-based hand sanitizer, with the latter being widely used in hospital settings. To date, most of the effective hand sanitizer products are alcohol-based formulations containing 62%-95% of alcohol as it can denature the proteins of microbes and the ability to inactivate viruses. This systematic review correlated with the data available in Pubmed, and it will investigate the range of available hand sanitizers and their effectiveness as well as the formulation aspects, adverse effects, and recommendations to enhance the formulation efficiency and safety. Further, this article highlights the efficacy of alcohol-based hand sanitizer against the coronavirus. Copyright © 2020 by the authors. Licensee MDPI, Basel, Switzerland.
47. Overzealous hand hygiene during the COVID 19 pandemic causing an increased incidence of hand eczema among general population

Author(s): Singh M.; Choudhary N.; Pawar M.; Bothra A.
Source: Journal of the American Academy of Dermatology; 2020
Publication Date: 2020
Publication Type(s): Letter
PubMedID: 32305441

48. Personal protective equipment induced facial dermatoses in healthcare workers managing COVID-19 cases

Author(s): Singh M.; Pawar M.; Bothra A.; Maheshwari A.; Dubey V.; Tiwari A.; Kelati A.
Source: Journal of the European Academy of Dermatology and Venereology : JEADV; May 2020
Publication Date: May 2020
Publication Type(s): Letter
PubMedID: 32396675

49. Dermatological diseases presented before COVID-19: Are patients with psoriasis and superficial fungal infections more vulnerable to the COVID-19?

Author(s): Kutlu O.; Metin A.
Source: Dermatologic Therapy; 2020
Publication Date: 2020
Publication Type(s): Article
PubMedID: 32367558
higher risk for severe forms of the COVID-19. To date, there are no data in the literature on the comorbid dermatologic diseases and COVID-19. We tried to analyze the previous dermatological comorbidity of 93 patients with COVID-19 (51 males, 42 females) who presented to the dermatology outpatient clinics for the last 3 years. The most common dermatologic diseases in patients with COVID-19 who have dermatologic diseases for the last three years were superficial fungal infections (24, 25.8%), seborrheic dermatitis (11, 11.8%), actinic keratosis (10, 10.8%), psoriasis (6, 6.6%) and eczema (6, 6.5%), respectively. In addition, the number of COVID-19 patients who presented to dermatology in the last three months was 17 (11 men, 6 women). The median age of these patients was 58 (minimum 18, maximum 80) years, and the most common dermatologic diseases before diagnosed COVID-19 were superficial fungal infections (5, 25%), psoriasis (4, 20%), and viral skin diseases (3, 15%). The possible similarity between cutaneous and mucosal immunity and immunosuppression suggests that patients with some dermatologic diseases especially superficial fungal infections and psoriasis may be more vulnerable to the COVID-19. This article is protected by copyright. All rights reserved.

Database: EMBASE

50. Global reporting of cases of COVID-19 in psoriasis and atopic dermatitis: an opportunity to inform care during a pandemic

Author(s): Mahil S.K.; Langan S.M.; Tsakok T.; Flohr C.; Barker J.; Smith C.H.; Yiu Z.Z.N.; Mason K.J.; Warren R.B.; Griffiths C.E.M.; Dand N.; Capon F.; Di Meglio P.; Coker B.; Wall D.; Fletcher G.; Bosma A.; Musters A.; Spuls P.; Iversen L.; Prieto-Merino D.; Irvine A.D.

Source: British Journal of Dermatology; 2020

Publication Date: 2020

Publication Type(s): Letter

Available at British Journal of Dermatology - from Wiley Online Library

Abstract: We wish to bring your attention to the PsoPROTECT (Psoriasis Patient Registry for Outcomes, Therapy and Epidemiology of Covid-19 infection) and SECURE-AD (Surveillance Epidemiology of Coronavirus Under Research Exclusion-Atopic Dermatitis) registries; two urgent global initiatives that address an unmet need for delineating the determinants of COVID-19 outcomes in the common cutaneous immune-mediated inflammatory diseases (IMIDs) psoriasis and atopic dermatitis. Copyright This article is protected by copyright. All rights reserved.

Database: EMBASE

51. Improvement of SARS-CoV2 symptoms following Guselkumab injection in a psoriatic patient

Author(s): Benhadou F.; Del Marmol V.

Source: Journal of the European Academy of Dermatology and Venereology : JEADV; May 2020

Publication Date: May 2020

PubMedID: 32379925

Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library

Abstract: We read with great interest the publication of Messina et al 1 reporting the first case of SARS-CoV2 infection in a young patient of 32-year-old suffering from psoriasis and psoriatic arthritis treated by Guselkumab, a monoclonal antibody that targets specifically the p19 subunit of Interleukin (IL)-232 . The patient contracted the SARS-CoV2 infection after a dinner with some friends but fortunately she developed very discrete symptoms
including only mild fever and rhinorrhea. These findings support the potential role of IL-23p19 inhibitors to counteract the << cytokine storm >> triggered by the SARS-CoV2 and which is potentially implicated in the severity of the symptoms 3. Copyright This article is protected by copyright. All rights reserved.

Database: EMBASE

52. Evolution of COVID-19 infection in 4 psoriatic patients treated with biological drugs

Author(s): Conti A.; Lasagni C.; Bigi L.; Pellacani G.
Source: Journal of the European Academy of Dermatology and Venereology : JEADV; May 2020
Publication Date: May 2020
Publication Type(s): Article
PubMedID: 32379913
Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library
Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Unpaywall
Abstract: Since December 2019, the pandemic coronavirus disease (2019-nCoV; COVID-19) has changed the approach to all dermatological diseases; in particular, psoriatic patients undergoing immunosuppressive drugs, such as biologics, can potentially show an increase risk of infection (1). However, few reports are available on the course of COVID-19 infection in psoriatic patients treated with biological drugs (2). We describe a case series of four psoriatic patients treated with biologics who had a risk contact with COVID-19. Copyright This article is protected by copyright. All rights reserved.

Database: EMBASE

53. Erythema multiforme-like eruption in patients with COVID-19 infection: clinical and histological findings

Author(s): Jimenez-Cauhe J.; Ortega-Quijano D.; Suarez-Valle A.; Saceda-Corralo D.; Fernandez-Nieto D.; Carretero-Barrio I.; Moreno-Garcia Del Real C.
Source: Clinical and experimental dermatology; May 2020
Publication Date: May 2020
Publication Type(s): Letter
PubMedID: 32385858
Available at Clinical and experimental dermatology - from Wiley Online Library
Available at Clinical and experimental dermatology - from Unpaywall
Abstract: Cutaneous manifestations in patients with COVID-19 infection are being increasingly reported. Several patterns have been described since the initial report by Recalcati,1 including erythematous maculo-papular,1 urticular,1,2 chickenpox-like,1,3 purpuric peri-flexural,4 transient livedo reticularis,5 and acro-ischemic or chilblain-like lesions.6,7 Herein we report the observation a new pattern with erythema multiforme-like lesions in 4 hospitalized patients with COVID-19 infection. All of them were women, and the mean age was 66.75 years (range 58 - 77). The mean time period between the onset of COVID-19 symptoms to the appearance of cutaneous lesions was 19.5 days (range 16 - 24). One patient developed the skin rash during hospitalization. The remaining 3 patients had been previously discharged after clinical, analytical and radiologic improvement, and negativization of COVID-19 PCR test. These 3 patients returned to the Emergency department consulting for skin rashes 6, 7 and 4 days after discharge, respectively. Laboratory tests at the time of skin lesions showed worsening of one or more parameters, compared to those at the time of discharge (CRP, D-dimer and lymphocyte count). However, none of the patients presented recurrence of clinical symptoms of COVID-19. Microbiological studies were performed in 2 patients, excluding other infectious diseases (Table 1). In all patients, skin lesions begun as erythematous papules in upper
trunk, that progressively turned to erythemato-violaceous patches with a dusky center, and a pseudo-vesicle in the middle. Typical target lesions were observed in two patients. Lesions were markedly coalescing in the back, and then spread to the face and limbs within 1 week, without involvement of palms and soles (Figure 1). Three patient had their oral cavity examined, showing palatal macules and petechiae. Histological examination was similar in all patients, revealing a normal basket-weave stratum corneum, and mild to moderate spongiosis in epidermis. The dermis showed dilated vessels filled with neutrophils, extravasation of red blood cells, and lymphocytic perivascular and interstitial infiltrate. Basal vacuolar changes with interface dermatitis was observed in 1 patient, and lymphocytic exocytosis in another (Figure 2). All patients were treated with systemic corticosteroids with progressive resolution of the skin lesions within 2-3 weeks. We are facing challenging times in Dermatology. New information and cutaneous manifestations possibly related to COVID-19 are emerging every day. Further studies are needed to evaluate whether these lesions are associated with the virus, the drug intake or any other conditions. Erythema multiforme (EM) is linked to infectious agents in 90% of the cases, while drug-associated EM is reported in less than 10% of cases. Herpes simplex virus (HSV) and Mycoplasma pneumoniae are the main agents, but other viruses have been reported, such as Adenovirus, Coxsackie, Parvovirus B19. We suggest that this EM-like or target-like exanthem might be another pattern of exanthem associated with COVID-19 infection. Recent articles also report targetoid lesions in exanthems of patients with COVID-19 infection. In addition, the presence of pseudo-vesicles and enanthem are two clues that suggest an infectious cause rather than a drug reaction. However, we cannot positively exclude the involvement of the various drugs administered to the patients. This is a first observation that will require further investigations.

**Database:** EMBASE

---

**54. Hand eczema - a growing dermatological concern during the COVID-19 pandemic and possible treatments**

**Author(s):** Blicharz L.; Czuwara J.; Samochocki Z.; Chrostowska S.; Olszewska M.; Rudnicka L.; Goldust M.

**Source:** Dermatologic therapy; May 2020

**Publication Date:** May 2020

**Publication Type(s):** Letter

**PubMedID:** 32384196

Available at [Dermatologic therapy](https://onlinelibrary.wiley.com/journal/10.1002/derm) - from Wiley Online Library

Available at [Dermatologic therapy](https://onlinelibrary.wiley.com/journal/10.1002/derm) - from Unpaywall

**Database:** EMBASE

---

**55. Petechial Skin Rash Associated with Severe Acute Respiratory Syndrome Coronavirus 2 Infection**

**Author(s):** Diaz-Guimaraens B.; Dominguez-Santas M.; Suarez-Valle A.; Pindado-Ortega C.; Selda-Enriquez G.; Bea-Ardebol S.; Fernandez-Nieto D.

**Source:** JAMA Dermatology; 2020

**Publication Date:** 2020

**Publication Type(s):** Letter

**PubMedID:** 32352487

Available at [JAMA dermatology](https://jamanetwork.com/journals/jamadermatology) - from EBSCO (MEDLINE Complete)

Available at [JAMA dermatology](https://jamanetwork.com/journals/jamadermatology) - from Unpaywall

**Database:** EMBASE
56. COVID-19: Pandemic Contingency Planning for the Allergy and Immunology Clinic


**Source:** Journal of Allergy and Clinical Immunology: In Practice; May 2020; vol. 8 (no. 5); p. 1477

**Publication Date:** May 2020

**Publication Type(s):** Review

**PubMedID:** 32224232

**Abstract:** In the event of a global infectious pandemic, drastic measures may be needed that limit or require adjustment of ambulatory allergy services. However, no rationale for how to prioritize service shut down and patient care exists. A consensus-based ad-hoc expert panel of allergy/immunology specialists from the United States and Canada developed a service and patient prioritization schematic to temporarily triage allergy/immunology services. Recommendations and feedback were developed iteratively, using an adapted modified Delphi methodology to achieve consensus. During the ongoing pandemic while social distancing is being encouraged, most allergy/immunology care could be postponed/delayed or handled through virtual care. With the exception of many patients with primary immunodeficiency, patients on venom immunotherapy, and patients with asthma of a certain severity, there is limited need for face-to-face visits under such conditions. These suggestions are intended to help provide a logical approach to quickly adjust service to mitigate risk to both medical staff and patients. Importantly, individual community circumstances may be unique and require contextual consideration. The decision to enact any of these measures rests with the judgment of each clinician and individual health care system. Pandemics are unanticipated, and enforced social distancing/quarantining is highly unusual. This expert panel consensus document offers a prioritization rational to help guide decision making when such situations arise and an allergist/immunologist is forced to reduce services or makes the decision on his or her own to do so.

**Database:** EMBASE

57. A distinctive skin rash associated with Coronavirus Disease 2019 ?

**Author(s):** Mahe A.; Birckel E.; Krieger S.; Merklen C.; Bottlaender L.

**Source:** Journal of the European Academy of Dermatology and Venereology; 2020

**Publication Date:** 2020

**Publication Type(s):** Letter

**PubMedID:** 32294259

**Abstract:** A skin rash has been reported in 2 out of 1.099 patients presenting with Coronavirus disease 2019 in China [1], as in 14 of 48 patients with the same disease in Italia, but unfortunately without further description of its semiology [2]. We wish to report here the case of a woman who presented, coincidently with Covid-19, a skin rash that had an original picture.

**Database:** EMBASE

58. A case of COVID-19 presenting in clinical picture resembling chilblains disease. First report from the Middle East
Clinical characteristics of COVID-19 disease were identified in a cohort study involving 1099 patients from China. COVID-19 most commonly present with fever, cough, fatigue, and congestion. Two out of 1099 patients were reported to have skin rash, but time of onset and clinical description of rash were missing (Reference B). Another study focused primarily on cutaneous manifestations associated with COVID-19 evaluated 88 patients from Italy. 18 out of the 88 patients developed cutaneous manifestations, but only 8 patients developed skin lesions at onset of disease. Copyright This article is protected by copyright. All rights reserved.

Database: EMBASE

59. Psoriasis and Psoriatic Arthritis: how to manage Immunosuppressants in COVID-19 days

Author(s): Coletto L.A.; Caporali R.; Favalli E.G.
Source: Dermatologic Therapy; 2020
Publication Date: 2020
Publication Type(s): Letter
PubMedID: 32291828
Available at Dermatologic therapy - from Wiley Online Library
Available at Dermatologic therapy - from Unpaywall
Database: EMBASE

60. A case of exacerbation of psoriasis after oseltamivir and hydroxychloroquine in a patient with COVID-19: Will cases of psoriasis increase after COVID-19 pandemic?

Author(s): Kutlu O.; Metin A.
Source: Dermatologic Therapy; 2020
Publication Date: 2020
Publication Type(s): Letter
PubMedID: 32259878
Available at Dermatologic therapy - from Wiley Online Library
Available at Dermatologic therapy - from Unpaywall
Database: EMBASE

61. Consensus of Chinese experts on protection of skin and mucous membrane barrier for health-care workers fighting against coronavirus disease 2019
Abstract: Health professions preventing and controlling Coronavirus Disease 2019 are prone to skin and mucous membrane injury, which may cause acute and chronic dermatitis, secondary infection and aggravation of underlying skin diseases. This is a consensus of Chinese experts on protective measures and advice on hand-cleaning- and medical-glove-related hand protection, mask- and goggles-related face protection, UV-related protection, eye protection, nasal and oral mucosa protection, outer ear, and hair protection. It is necessary to strictly follow standards of wearing protective equipment and specification of sterilizing and cleaning. Insufficient and excessive protection will have adverse effects on the skin and mucous membrane barrier. At the same time, using moisturizing products is highly recommended to achieve better protection. Copyright © 2020 Wiley Periodicals, Inc.
**Relevant NICE Guidelines:**

**COVID-19 rapid guideline: children and young people who are immunocompromised**  
NICE guideline [NG174]  
*Published date: 01 May 2020 Last updated: 21 May 2020*  
[https://www.nice.org.uk/guidance/ng174](https://www.nice.org.uk/guidance/ng174)

**COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response**  
NICE guideline [NG169]  
*Published date: 09 April 2020 Last updated: 30 April 2020*  
[https://www.nice.org.uk/guidance/ng169](https://www.nice.org.uk/guidance/ng169)

A full list of COVID specific NICE guidelines can be found here: [https://www.nice.org.uk/guidance/ng169](https://www.nice.org.uk/guidance/ng169)