



# COVID-19 AND THE SKIN

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COVID19 virus has been associated with several reports of the virus inciting cutaneous manifestations or exacerbating underlying dermatologic conditions. It has been thought that in some cases, these cutaneous lesions are harbingers of coronavirus infection.

Based on all reports, it would appear that skin manifestations of COVID-19 are variable, nonspecific and unrelated to the severity of the viral infection. Findings under the microscope also vary. It is also unclear what percentage of patients infected with the virus develop cutaneous lesions, with prevalence varying from 2-20%.

In adults, the skin findings can be divided into five major clinical groups include widespread rashes with macules, blister-like lesions, redness of the fingers or toes, hives, or necrotic, discolored lesions. All of these skin conditions may have itch as a prominent feature, and may be painful:

- Maculopapular eruption - this rash may appear suddenly on the large surfaces of body, usually beginning on the trunk and then spreading elsewhere.
- Vesicular eruption - small blisters appear similar to those in chickenpox, however they tend to be more uniform.
- COVID toes - Also known as “pseudo-chilblains,” this rash includes the hands and feet and may present as redness, swelling, blisters, or bruising.
- Urticarial (hive like) eruption
- Livedo or necrotic erosions - A net-like pattern of red lesions often present on the arms and legs

The majority of lesions tend to occur on the trunk and extremities, though lesions elsewhere have been reported. There have been reports of lesions lasting anywhere from 20 min to one month, with most lasting a few days. Lesions may appear before or after the onset of COVID-19 symptoms.

In children, there have been reports of pediatric inflammatory multisystem syndrome with features resembling atypical Kawasaki disease occurring several weeks after the viral infection.

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