

## The Experience as Dermatologists in the Emergencies COVID-19 “Pandemic Hospital”: Subacute and Chronic Cutaneous Manifestation of COVID

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### ARTICLE INFO

Received Date: May 26, 2022

Accepted Date: May 30, 2022

Published Date: May 31, 2022

### KEYWORDS

Coronavirus

Cutaneous manifestations

Intermediate respiratory care

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**Citation for this article:** Fernández-Guarino M, Fernández-Nieto D, Ruiz-Mateos B, Arce M, Figueroa C, Prats E, Romero R and Marco J. The Experience as Dermatologists in the Emergencies COVID-19 “Pandemic Hospital”: Subacute and Chronic Cutaneous Manifestation of COVID. Clinical Dermatology: Research And Therapy. 2022; 4(1):135

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### INTRODUCTION

The Hospital of Emergencies Enfermera Isabel Zendal, constructed during the Covid 19 pandemic crisis, is a public hospital that supports the hospital network of the Madrid health service. It is also known as the “Pandemic hospital” and was designed for use in the event of emergencies, health crises or health care need. This hospital represents a new concept of hospitalization and has a maximum capacity of 1000 beds. Only non-pluripathological and independent patients are admitted. It was inaugurated in December 2020 and most of the patients treated presented respiratory failure due to coronavirus infection. During the Covid-pandemic a multidisciplinary team has been attending patients who are admitted into hospitalization, Intermediate Respiratory Care Units (IRCU) or Intensive Care Units (ICU).

As dermatologists, we visit the hospital to examine patients’ skin problems and help with their treatment. Skin problems in patients with long-term hospitalization are different from those observed in the acute phases of coronavirus infection [1]. Acute vesicular rashes, exanthemas and chilblains were still present but were less frequent, and new dermatoses were assessed [1,2].

The most prevalent skin conditions in these patients were Pressure Ulcers (PU) due to long term IRCU/ICU ventilation and the length of time without moving due to back pressure located in the sacrum. New ulceration sites were found due to the pronation of the patients, and pressure ulcers were also present on the abdomen (Figure 1), face, and also around the mouth as a result of long term intubation and tubes. Scrotal edema with ulceration was also seen due to pronation. Nursing care and training in prevention of pressure ulcers is critical for the health workers in the subacute-chronic hospitalization of patients with covid-19 infection. But motionless required by the patients for taking care of their breathing plus, possibly, individual susceptibility were the cause of PU presentation in some patients.

The persistence of herpes and herpetic-like small ulceration was also noticed on the face, body and genitalia. The duration was longer, with patients in IRCU/ICU with persistence of herpetic-like lesions for over three weeks, possibly due to the immunosuppression caused by the systemic infection and treatments [3].

Covid- tongue was also noticed as a persistent manifestation weeks after the infection, in the form of the previously described glossitis with lateral indentations and glossitis

with patchy depapillation (Figure 2) [4]. Persistent acral vasculitis was also observed, even several weeks after the infection. No dermatological treatment was applied apart from the usual systemic treatment and patients improved gradually. Nail loss due to stress was also observed. It was not possible for us to carry out a study of the real prevalence of these cutaneous manifestation, as the rotation of patients through different units as well as them being discharged or exitus did not allow us to performed it.

Since the beginning of the pandemic, we have been learning and observing how skin manifestations of the coronavirus infection were changing [5]. We have observed that a non-negligible percentage of acute exanthemas were drug eruptions [6], that in the second wave the cutaneous manifestations were less frequent [3] and that the association with chilblains has not been supported by analytic controlled studies [2]. Now we are facing a new challenge with the subacute-chronic patient admitted for coronavirus infection.



Figure 1: Persistent Covid-tongue as a patchy depapillation.



Figure 2: Pressure Ulcer (PU) in the abdomen due to pronation.

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