

In Conversation

A Physician Discusses **COVID-19 & Dermatological Care**

A discussion with **PETER LIO, MD**



Q Does COVID-19 have dermatological symptoms?

Dr. L: There is still a lot of discussion around this topic. In April, several dermatologists created a registry at the American Academy of Dermatology to explore the possibility. They documented 505 patients with dermatologic symptoms associated with COVID-19, 63% with frostbite-like lesions. Those patients were generally young and healthy, with relatively mild COVID-19. For more than half of these patients, so-called “COVID toes” were their only symptom.

In my own practice, I did see two otherwise healthy young boys with these symptoms. I reported them to the registry. For now, the jury is still out on this issue.

Q Have your patients been able to maintain care for ongoing skin conditions?

Dr. L: Many patients have been forced to miss follow-up skin screenings, including patients at high risk for skin cancer. Others have had to stop phototherapy treatments and watch their skin flare up again. Still others were afraid to continue on systemic medications during the pandemic because the drugs could impact their immune system. They stopped treatment.

My psoriasis and atopic dermatitis patients have had the hardest time.

Q Does the stress of the pandemic, unemployment & quarantine life exacerbate skin conditions?

Dr. L: Absolutely. Stress fuels inflammation for many patients, and it also damages the skin barrier. Both of these contribute to many of the conditions I treat: acne, rosacea, psoriasis, atopic dermatitis...the list goes on. Some patients have needed to alter their treatment regimen, which can make it hard to maintain their skin care.

The pandemic has been hard for everyone, but those with more significant medical problems, including dermatologic ones, have yet another layer of burden.

Q How has telemedicine impacted your practice and patients?

Dr. L: Most of my patients have had a good experience. Some are asking to keep the teledermatology going as we open up to live visits again. I think some visits are better when done remotely, such as certain follow-ups. It saves time and energy for what is usually a very short visit.

Having both options would be best, but we are at the mercy of insurance companies. If they do not keep covering such visits, it won't be possible.



**Alliance for
Patient Access**

Peter Lio, MD, is a dermatologist and an advisory board member for the Derma Care Access Network.

JUNE 2020