Skin signs are not specific for COVID-19 infection and these are the preliminary findings from published literature globally. Other clinically relevant differentials should be considered at the time of assessment.

Please contribute cases to the AAD Dermatology COVID-19 Registry
http://www.aad.org/member/practice/coronavirus/registry

ACRAL PERNIO-LIKE LESIONS

Acute self-healing acro-ischaemia

- Thought to be due to microthombosis secondary to viral-induced endothelial damage. Various causes have been postulated.
- Can occur without respiratory changes
- 2 patterns described
  - Chillblain-like
  - Erythema multiforme-like
- Acral-located, painful lesions
  - Toes affected in 3/4
  - Fingers affected in 1/4
- Starts with reddish-purple or bluish color, which can evolve into bullae/eschars
- Resolves within 2 weeks
- Histology is similar to chillblain lupus

Contributors: Dr Celestine Wong, Dr Lena Ly, Dr Pooja Sharma, Dr Bruce Tate, A/Prof Marius Rademaker, Dr Michelle Rodrigues, and Dr Hope Dinh

DISCLAIMER: Information current as of 30th April 2020
SKIN SIGNS OF COVID-19

SKIN MANIFESTATIONS HAVE BEEN REPORTED IN UP TO 20% OF COVID-19 PATIENTS

Skin signs are not specific for COVID-19 infection and these are the preliminary findings from published literature globally. Other clinically relevant differentials should be considered at the time of assessment.

Please contribute cases to the AAD Dermatology COVID-19 Registry
http://www.aad.org/member/practice/coronavirus/registry

SMALL VESSEL VASCULITIS

- May occur in asymptomatic children and adolescents
- Symptoms: itching, burning, pain, hand stiffness
- Affects extremities
- Multifocal and asymmetrical
- Develops gradually with a few lesions every 2-3 days
- Evolves from erythema to infiltration/exudation/ecchymosis
- Feet: more severe lesions, blisters, bruising and superficial necrosis
- Self resolve in 12-20 days

Contributors: Dr Celestine Wong, Dr Lena Ly, Dr Pooja Sharma, Dr Bruce Tate, A/Prof Marius Rademaker, Dr Michelle Rodrigues, and Dr Hope Dinh

DISCLAIMER: Information current as of 30th April 2020
SKIN SIGNS OF COVID-19

SKIN MANIFESTATIONS HAVE BEEN REPORTED IN UP TO 20% OF COVID-19 PATIENTS

Skin signs are not specific for COVID-19 infection and these are the preliminary findings from published literature globally. Other clinically relevant differentials should be considered at the time of assessment.

Please contribute cases to the AAD Dermatology COVID-19 Registry
http://www.aad.org/member/practice/coronavirus/registry

LIVEDOID RETICULARIS

- Transient COVID-19 unilateral livedoid eruption
- Reported in patients with mild to moderate COVID-19 infection
- Lasts between 20 mins to 24 hours, self resolving
- Non blanching, not painful
- Possibly related to microthrombosis

Ref 7

RETIFORM PURPURA

- Severe COVID-19 case with respiratory failure.
- A striking retiform purpura with surrounding inflammation on the buttocks.
- Histology show extensive pattern pauci-inflammatory vascular thrombosis with endothelial cell injury.
- Prominent deposits of C5b-9 seen within the microvasculature.

Ref 8

Contributors: Dr Celestine Wong, Dr Lena Ly, Dr Pooja Sharma, Dr Bruce Tate, A/Prof Marius Rademaker, Dr Michelle Rodrigues, and Dr Hope Dinh

DISCLAIMER: Information current as of 30th April 2020
SKIN MANIFESTATIONS HAVE BEEN REPORTED IN UP TO 20% OF COVID-19 PATIENTS

Skin signs are not specific for COVID-19 infection and these are the preliminary findings from published literature globally. Other clinically relevant differentials should be considered at the time of assessment.

Please contribute cases to the AAD Dermatology COVID-19 Registry
http://www.aad.org/member/practice/coronavirus/registry

VIRAL EXANTHEM

- No correlation with disease severity

Described patterns
1. Varicelliform exanthem\(^1,9\)
   - site: centrally located
   - appear 3 days after systemic symptoms and disappear within 8 days
   - unlike varicella, there is minimal to no pruritus and no scarring upon rash resolution
2. Morbilliform eruption\(^10\)
3. Dengue like eruption with petechiae due to low platelet count\(^11\)
4. Pruritic purpuric flexural eruption reported in a COVID-19 patient with bilateral pneumonia\(^12\)
5. Possible association between toxic shock syndrome and Kawasaki disease in severe COVID-19 paediatric cases reported.\(^13,14\)

URTICARIAL ERUPTION

- Reported in 3 Italian patients and 1 French patient\(^1,15\)
- Can be generalised or localised
- Urticaria reported to occur prior to onset of COVID-19 symptoms\(^15\)
- NB: Urticaria is a common dermatological condition but consider COVID-19

Contributors: Dr Celestine Wong, Dr Lena Ly, Dr Pooja Sharma, Dr Bruce Tate, A/Prof Marius Rademaker, Dr Michelle Rodrigues, and Dr Hope Dinh

DISCLAIMER: Information current as of 30th April 2020
SKIN SIGNS OF COVID-19

SKIN MANIFESTATIONS HAVE BEEN REPORTED IN UP TO 20% OF COVID-19 PATIENTS

Skin signs are not specific for COVID-19 infection and these are the preliminary findings from published literature globally. Other clinically relevant differentials should be considered at the time of assessment.

Please contribute cases to the AAD Dermatology COVID-19 Registry
http://www.aad.org/member/practice/coronavirus/registry

REFERENCES


Contributors: Dr Celestine Wong, Dr Lena Ly, Dr Pooja Sharma, Dr Bruce Tate, A/Prof Marius Rademaker, Dr Michelle Rodrigues, and Dr Hope Dinh

DISCLAIMER: Information current as of 30th April 2020