

Teledermatology for acne patients: How to reduce face-to-face visits during COVID-19 pandemic

To the Editor

From the outbreak in Wuhan, China, in December 2019, the coronavirus disease 2019 (COVID-19) pandemic, called Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2), has spread all over the world causing a global public health emergency.¹ Since then, preventive measures, such as the use of protective equipment, social distance, and disinfection procedures, have been adopted in order to reduce the risk of COVID-19 transmission. Regarding Dermatology departments, the majority of them have been reorganized and all dermatological procedures have been postponed, except for the emergencies and the oncological ones.² Teledermatology, including the use of video call visits, phone calls, e-mails, and text messages, has been used for either the “online-triaging” and “real-time control visits” in order to limit in-person appointments and at the same time supporting patients.³ With this brief note, we want to report our positive experience about the use of teledermatology for patients attending our outpatient clinic for acne disease.

Patients with an existing appointment, programmed before COVID-19 outbreak, or patients requiring new appointments through the email system, have been called and the possibility of performing live interactive video visits has been proposed. Moreover, patients that were unable to perform a video visit or that refused it were offered to receive a phone call or an e-mail consult. All physicians were trained to use telemedicine procedures using an explaining video that was created and shared among the medical staff for the occasion. Video visits for acne outpatient were held three days a week. Inpatient visits were organized for patients that during online-triaging were evaluated as urgent cases, thus requiring more challenging therapies. Overall, 72 patients (46 females and 26 males) with a medium age of 22.3 ± 7.8 years completed video visits within the first month, and fewer than ten in-person visits were required. The majority of patients had mild to moderate forms of acne and were in treatment with topical therapies. During video visits, physicians stated the clinical severity of their disease and educated them on how to continue their treatment. In some occasions, patients were also encouraged to upload high-resolution images of their disease in order to better evaluate the grade of severity and treatment efficacy; all patients declared to be satisfied of this new web-procedure. Several limitations have also been recognized, such as the inability to conduct other procedures (chemical peels, needling etc) and the quality of video or images sent, depending on web connection. As reported in recently published articles,^{3,4} the main goal for dermatologists during this period is to assure patients their presence through online consultation or with face-to-face visit in emergency cases.

Furthermore, video visits should be also considered as an important tool to not crowd waiting lists and as a convenient option to minimize treatment delays. Although the efficacy of this system is always related to video or images quality, and to patients compliance, it could represent an important supportive tool for dermatologists to bridge the gap with their patients.

CONFLICTS OF INTEREST

None declared.

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REFERENCES

- Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease. 2019. (COVID-19) or persons under investigation for COVID-19 in healthcare settings: centers for disease control and prevention. Available from <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>. Accessed February 21, 2020
- Kwatra SG, Sweren RJ, Grossberg AL. Dermatology practices as vectors for COVID-19 transmission: a call for immediate cessation of non-emergent dermatology visits. *J Am Acad Dermatol*. 2020;82(5):e179-e180.
- Villani A, Scalvenzi M, Fabbrocini G. Teledermatology: a useful tool to fight COVID-19. *J Dermatolog Treat*. 2020;31(4):325.
- Marasca C, Ruggiero A, Fontanella G, Ferrillo M, Fabbrocini G, Villani A. Telemedicine and support groups in order to improve the adherence to treatment and health related quality of life in patients affected by inflammatory skin conditions during COVID-19 emergency. *Clin Exp Dermatol*. 2020:e14245. [Epub ahead of print].