

Table 1 Recommendations for Mohs micrographic surgery during the COVID-19 pandemic.

Rationalize patients for MMS	Treat patients with high-risk squamous cell carcinomas and other rarer tumours with metastatic potential Treat patients for high-risk basal cell carcinomas if < 70 years of age without significant COVID-19 risk factors Consider risk of COVID-19 to patient household members who are in a high-risk group Involve patients with informed decision-making Use multidisciplinary team approach to manage complex cases
Reduce infection risk	Advise patients to self-isolate for 1 week prior to MMS When patients enter department, screen them for COVID-19 symptoms with questionnaire, check their temperature and provide them with face masks Restrict accompanying visitors from entering the department Advise patients to sit at least 2 m apart in the waiting room Encourage patients to wash their hands and/or use sanitizers Remove potential sources of infection (e.g. books, magazines) from waiting room
MMS assessment clinics Surgery	When interacting with patients outside of theatre, use surgical mask, gloves, protective apron and visor Replace face-to-face appointments with video and telephone (with photographs) consultations to reduce hospital visits Use dissolvable sutures to reduce inessential hospital visits Use FFP3 facial mask, surgical scrub suit, surgical cap, visor, gloves and a full gown
Wound care	Facilitate patients at high-risk from COVID-19 to wait in MMS theatre in between layers being taken and reconstruction, rather than in the waiting room Create a remote-access clinic for postoperative patients to email photographs for monitoring and/or advice

FFP, filtering face piece; MMS, Mohs micrographic surgery.

difficult for such guidance to be too prescriptive in nature, given the rapidly evolving situation. However, deferring treatment will lead to tumour progression and increased tumour burden, resulting in more challenging reconstructions and an increased likelihood of metastasis.⁴ We propose a number of recommendations (Table 1) to minimize risks of COVID-19 and deliver MMS services safely.

To our knowledge, this is the first nationwide survey demonstrating the impact of COVID-19 on MMS services, and it highlights significant levels of redeployment and cessation of MMS services. Although it is encouraging that departments have taken measures to reduce the number of face-to-face patient encounters and have rationalized patients for MMS, uncertainty remains about best practice. Multispeciality national guidance during this and future pandemics will help the safe and effective provision of MMS for patients.

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Potential use of turmeric in COVID-19

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Turmeric (*Curcuma longa* L.) is a spice that is an integral part of Asian cooking and culture, and has been used in traditional medicine systems such as Ayurveda, Unani and Siddha for centuries, owing to its wide array of medicinal properties. Curcumin, the predominant curcuminoid in turmeric, influences multiple signalling pathways and been found to possess anti-inflammatory, antioxidant, antimicrobial, hypoglycaemic, wound-healing, chemopreventive, chemosensitizing and radiosensitizing properties.¹ To enhance the bioavailability of curcumin, newer technologies such as adjuvant, nanoparticles, liposomes, micelles and phospholipid complexes have been evaluated

in the process of drug development. It is documented to be most efficacious in high doses at approximately 6–7 g/day orally, which is well tolerated.¹ It has been widely used as a common household remedy for cough, sore throat and respiratory ailments in Asia.

Since December 2019, coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus, has spread rapidly throughout the world and the World Health Organization (WHO) declared it a global pandemic on 11 March 2020. As of May 2020, more than 212 countries across the world had reported over 4 million cases and over 280 000 deaths. So far, no specific medicine has been recommended for its cure or prevention, although antiretroviral drugs and hydroxychloroquine have been used in a few centres.


Numerous curcumin derivatives have been evidenced to have antiviral properties. Studies using neuraminidase activation assay showed that five active curcumin derivatives decreased H1N1-induced neuraminidase activation in H1N1-infected lung epithelial cells.² Tetramethylcurcumin and curcumin even downregulates nucleoprotein expression.^{2,3} Various researchers have found turmeric derivatives useful in the management of influenza virus infections. Richart *et al.* observed that monoacetylcurcumin and curcumin both inhibited influenza virus infection, but via different pathways.³ Significant antiviral activity of turmeric against H5N1 (highly pathogenic avian influenza) virus in Madin–Darby canine kidney (MDCK) cells *in vitro* by interfering with viral haemagglutination (HA) activity has also been observed. The effects of anti-H5N1 virus activity by turmeric extracts were demonstrated by upregulation in the tested MDCK cells of the mRNA expression of the genes for tumour necrosis factor- α and interferon- β , which are potent antiviral agents.³ Curcumin has been found to be beneficial in other viral disorders such as AIDS due to its inhibitory activity against HIV protease and integrase along with its synergistic action on other therapeutic drugs.⁴ It has also been shown to inhibit other viruses such as hepatitis B, hepatitis C, zika, chikungunya and dengue. Respiratory distress syndrome with fulminant hypercytokinaemia and multiorgan failure is the leading cause of mortality with COVID-19. Curcumin has been found to attenuate influenza A virus-induced lung tissue injury by blocking nuclear factor κ B signalling and inhibiting the production of inflammatory cytokines. Curcumin is a natural ligand of peroxisome proliferator-activated receptor- γ , which represses the inflammatory process by reducing cytokine production; therefore, it might play a similar role in protecting against lung injury associated with COVID.⁵

Turmeric has been used for centuries with a good safety profile. It has shown promising efficacy against influenza A viral infections by regulating the immune response to prevent injury to pulmonary tissue. Well-defined randomized studies should be performed to evaluate the efficacy of turmeric derivatives against SARS-CoV-2

and assess its value as a possible treatment for this deadly virus.

Conflict of interest

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‘Cell-phone acne’ epidemic during the COVID-19 pandemic

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As the world continues with the longest and most widespread lockdown in its history, many people are turning towards an increased use of mobile/cell phones as the most convenient way to stay connected. However, this convenience is also taking a toll on patients’ overall skin health, particularly in those with acne.

We report on a case group of 13 patients who presented via telemedicine consultations. The study participants comprised healthcare workers and members of the general public during a period of 1 month (1–30 April 2020) who reported new acne eruption or flares of existing acne, mainly involving one side of the face.