

asked, the parents reported a recent history of prolonged sessions of playing activities on the floor since the lockdown period had begun. The children had tended to sit cross-legged (Fig. 1b) or lying face down while they were playing.

Extensive home restriction measures adopted worldwide over the last few weeks have had profound implications on families' daily activities. Young children spend more time playing in unusual positions on the floor at home. Repeated mechanical trauma of the skin may induce localized hyperkeratosis. These lesions have been described as occupational dermatoses on the hands of carpet installers,⁷ on the feet of professional dancers⁸ or in Yoga practitioners.⁹ They are sometimes described as 'chewing-pads' on the hands in case of chewing, sucking or manipulating tic-like habits in children and adolescents. These lesions may also be observed in heavy users of video games.¹⁰ Pachydermatodactyly is a particular form of repeated trauma-induced dermatosis of the hands characterized by a cutaneous thickening of the lateral aspects of the fingers with mainly dermal changes and very little epidermal thickening.

Although a larger case series would strengthen our hypothesis, we suggest that the change of daily habits in young children during the lockdown period may have increased the frequency of acral frictional dermatoses that are not directly due to the virus but rather to prolonged sessions spent playing on the floor.

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N. Bodak,¹ C. Chiaverini,² S. Barbarot^{3,*}

¹Private Office, Paris, France, ²Department of Dermatology, CHU Nice, Nice, France, ³Department of Dermatology, Nantes Université, CHU Nantes, UMR 1280 PhAN, INRA, Nantes, France

*Correspondence: S. Barbarot. E-mail: sebastien.barbarot@chu-nantes.fr

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Prior treatment with immunosuppressants among coronavirus disease 2019 (COVID-19) inpatients at one hospital in Spain

Dear editor,

Vulnerability to coronavirus disease 2019 (COVID-19) in patients with cardiovascular risk factors is well known. However, the prognostic influence of immunosuppressive drugs or their ability to counteract the cytokine storm involving critically-ill patients is uncertain. The scarce-related literature mainly involves transplantation.^{1–3}

Dermatologists routinely deal with patients receiving immunosuppressants and evidence-based-protocols on how to proceed under the pandemic are lacking.

We evaluated patients hospitalized with COVID-19 in the University Hospital of Guadalajara on 18 March 2020 and 28 March 2020 (4 and 14 days after the State of Emergency declaration in Spain with 13,716 and 72,248 confirmed cases according to the authorities^{4,5}). Duplicated cases (patients remaining as inpatients for both days) were included in the research once. Only cases with positive polymerase chain reaction (PCR) assay (nose-throat swab samples) or rapid serology test were included. Patients receiving systemic immunosuppressants within a 3-month period prior to hospitalization were selected. Data

regarding demographic characteristics, co-morbidities, drug type, time of treatment prior to hospitalization, drug indication as well as mortality outcome were collected from their clinical histories.

We evaluated 435 inpatients (427 with PCR confirmation and eight with positive IgM and/or IgG). Of them, 407 were not immunosuppressed (93.6%) and 28 (6.4%; 95% CI: 4.47–9.10%) had been treated with immunosuppressants within the 3-month period prior to hospitalization. The median treatment period was 4 months (IQR: 2–18 months).

Among immunosuppressed inpatients, 27/28 (96.4%) received oral corticosteroids alone or combined with other immunosuppressants: prednisone (17); deflazacort (five); deflazacort plus methotrexate (three); prednisone plus azathioprine (one); and prednisone plus everolimus plus tacrolimus (one). Additionally, one patient received methotrexate alone. We did not observe any patients taking biological therapies (95% CI: 0–0.871%; Wilson score). Indications for corticosteroids were: rheumatological conditions (11) (rheumatoid arthritis, polymyalgia rheumatica, microcrystalline arthritis, lupus arthropathy and chondrocalcinosis); asthma or chronic obstructive pulmonary disease (eight); skin diseases (three) (eczema and acute generalized exanthematous pustulosis); organ transplant (two); ulcerative colitis (one); dental bone graft (one) and non-specified (one). Methotrexate was used alone (one) or combined with deflazacort (three) for rheumatoid arthritis and/or polymyalgia rheumatica; azathioprine plus prednisone for autoimmune hepatitis (one) and tacrolimus plus everolimus plus prednisone for lung transplant (one).

All immunosuppressed patients had co-morbidities such as: hypertension (17; 60.7%); hyperlipidemia (12, 42.8%); diabetes mellitus (nine, 32%); cancer (five, 17.8%); or hypothyroidism (five, 17.8%). Fatalities during hospitalization involved 69 non-immunosuppressed (17%) and seven immunosuppressed (25%) patients.

Treatment with immunosuppressants prior to hospitalization (OR: 1.67; 95% CI: 0.67–4.0; $P = 0.278$) or being male (OR: 1.28; 95% CI: 0.75–2.16; $P = 0.367$) did not increase the mortality risk of COVID-19. On the other hand, the older the patient was, the higher the mortality risk. On average, the patients who died were older (mean age: 76.6 years) than the patients who survived (mean age: 65.7 years; mean difference 10.97; 95% CI: 7.86–14.08; $P < 0.001$). Multivariate logistic regression analysis was applied to determine the effect of immunosuppression on mortality adjusted by age and sex and no increase in the mortality within immunosuppressed patients was observed either (OR: 1.14; 95% CI: 0.45–2.90; $P = 0.784$).

To conclude, we unanticipatedly found a low proportion of patients with prior immunosuppressive therapy, did not observe any patients taking biologics and could not find significant differences in mortality rates with regards to prior treatment with immunosuppressants among COVID-19 inpatients. Whether immunosuppressed patients are taking extra precautions or

interrupting the treatments and how this may impact our results is unknown. On the other hand, this research further suggests the impact of advanced age in the outcome of COVID-19 inpatients since individuals who are at an advanced age have a lower survival rate. Our research represents a preliminary approach and hopefully may boost further larger studies. The need for evidence is urgent in order to create protocols guiding our practice under the current emergency circumstances.

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M.A. Pastor-Nieto,^{1,2,*} P. Checa-Díaz,³ P. González-Muñoz,¹ A. Martín-Fuentes,¹ A. Vergara-Sánchez,¹ C. Sánchez-Herreros,¹ E. Jiménez-Blázquez,^{1,2} R. Cabana-Navia,¹ J. Martínez-Mariscal,¹ P. Cobo-Rodríguez,¹ I. Checa-Recio,¹ M.E. Gatica-Ortega,⁴ M. Torralba,^{2,5} E. De Eusebio-Murillo^{1,2}

¹Dermatology Department, Hospital General Universitario de Guadalajara, Guadalajara, Spain, ²Faculty of Medicine and Health Sciences, University of Alcalá, Madrid, Spain, ³Atención Primaria, Gerencia de Atención Integrada de Guadalajara, Guadalajara, Spain, ⁴Dermatology Department, Complejo Hospitalario Universitario de Toledo, Toledo, Spain, ⁵Internal Medicine Department, Hospital General Universitario de Guadalajara, Guadalajara, Spain

*Correspondence: M.A. Pastor-Nieto. E-mail: mapastornieto@gmail.com
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Dermoscopy features of COVID-19-related chilblains in children and adolescents

Editor,

Chilblains are skin condition frequently seen by physicians worldwide during the COVID-19 outbreak.^{1,2} We attended 22 children and adolescents with chilblains during the outbreak peak of COVID-19 in Madrid. The clinicopathological and laboratory features of these patients have been reported.¹ We describe herein the dermoscopic findings. Approval from the Institutional Ethics Committee and Board was obtained. Standard informed consents were obtained for recording images in all patients.

We analysed 41 dermoscopy pictures obtained from different skin lesions in 12 patients with chilblains. The patients presented

erythematous to purpuric macules and violaceous swellings located on the toes and feet. The images corresponded to lesions located on the perionychium (17), tip of toe with or without subungual (13), dorsum or side of toe (seven), dorsum of foot (two), ankle (one) and only subungual (one) (Table 1).

Three main dermoscopic features were observed: a background area, globules and reticule (Fig. 1). The background area is the predominant background colour in the lesion, ranging from red, purple and brown to grey. Globules are round to oval structures of red to purple colour. And the network reticule is a mesh of grey-brown interconnected lines usually located peripherally within the background macule.

The background area was present in all cases; the predominant colour was red in 18 pictures, brown in 11, purple in 10 and grey in 2. Most pictures (31) contained areas of other colours within the areas whereas in 10 (24.4%) there was only one homogeneous colour present. Globules were seen in 38 images (92.7%) and were prominent in 32 and mild in 6. The globules were included within the background area in most cases, but in some they were seen outside the macules on a background of normal-looking skin. A reticule was observed in 12 images (29.3%). Other features found were splinter haemorrhages in the nails (three images), dilated capillaries in the nail folds with loss of polarity (two images) and subcorneal haemorrhagic dots (one image).

Dermoscopy mirrors the clinical and histopathologic features of COVID-19-related chilblains.¹ The background colour is an

Table 1 Dermoscopic features of 41 pictures corresponding to 12 children and adolescents with COVID-19-related chilblains

Patient	Lesion	Background area	Globules	Reticule
1	Perionychium	Red + Brown areas	+	–
	Tip of toe	Red	+	–
2	Perionychium	Purple + Brown areas	++	–
	Perionychium	Brown	++	+
	Perionychium	Red + Brown areas	++	–
	Perionychium	Red + Purple areas	++	–
3	Side of toe	Red	++	–
	Tip of toe	Red + Purple areas	+	–
	Tip of toe	Red + Purple areas	+	–
4	Dorsum of foot	Red	++	–
5	Dorsum of toe	Brown + Purple areas + Red areas	++	+
	Perionychium	Purple + Brown areas	++	+
	Tip of toe	Brown	+	–
	Tip of toe, subungual	Purple + Brown areas	++	–
	Tip of toe, subungual	Brown + Purple areas	++	–
6	Subungual	Brown	–	–
	Tip of toe	Grey + Purple areas + Brown areas	++	–
7	Dorsum of toe	Purple + Brown areas + Red areas	++	–
	Ankle	Red + Purple areas + Brown areas	++	–
	Dorsum of toe	Brown	++	+
8	Perionychium	Purple + Brown areas	++	+
	Perionychium	Brown + Purple areas	++	+
	Perionychium	Purple + Brown areas	++	+