



Ninevah University
جامعة نينوى

اللجنة المركزية للتعليم الالكتروني



Zoom cloud meeting
Meeting ID: 380 396 2676

عنوان المحاضرة:

Touch pyramid



1 / 5 / 2020 الجمعة

2:00 PM



المحاضر

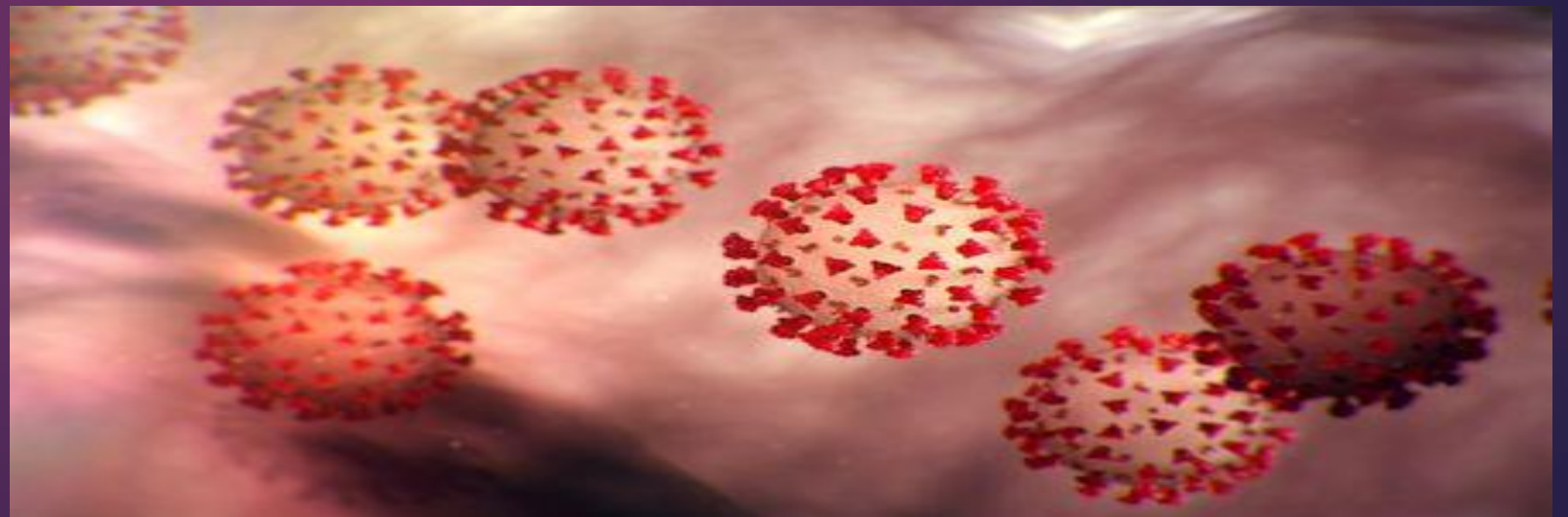


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TOUCH PYRAMID IN CORONA VIRUS

MANAR G. AZIZ

MBCHB. FIBMS DERMATOL



MANAR G. AZIZ

MBCHB. FIBMS
DERMATOL

COVID-19 Pandemic and the Skin - What should Dermatologists Know?

Touch Pyramid In Corona Virus

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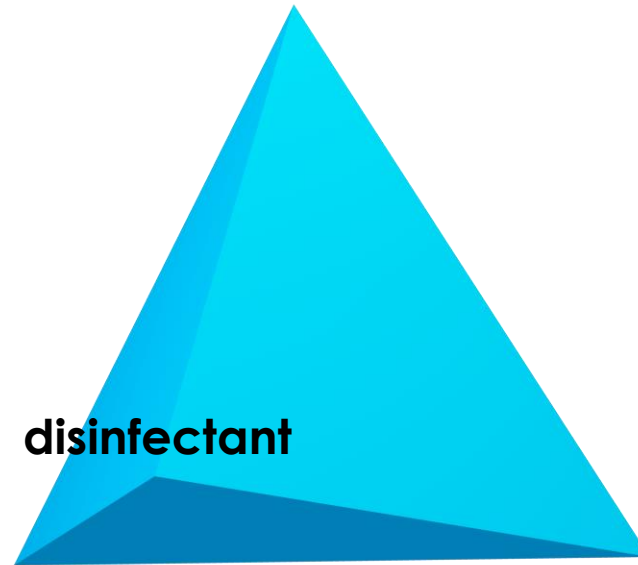
Virus

Skin

disinfectant

Personal protective
equipment

Surfaces





UNKNOWNNS



GENES

AIM

1. UPDATE OF
DERMATOLOGICAL
IMPACT FOR
COVID-19
CORONA VIRUS

2. ROLE OF
DERMATOLOGIST IN
CORONA VIRUS
PANDEMIC

The World has changed dramatically since the COVID-19 pandemic began.

Together with our social, occupational, and personal life, the new corona virus poses novel challenges for all physicians, including dermatologists.

With the current global pandemic, dermatologists, like all physicians, should be aware of COVID-19 infection and any skin manifestations

Specific skin changes due to Covid-19 infection have not been described, and one could expect iatrogenic secondary involvement of the skin.

Despite the virus not being dermatotropic , several skin conditions have emerged, mainly as a result of prolonged contact to personal protective equipment and excessive personal hygiene

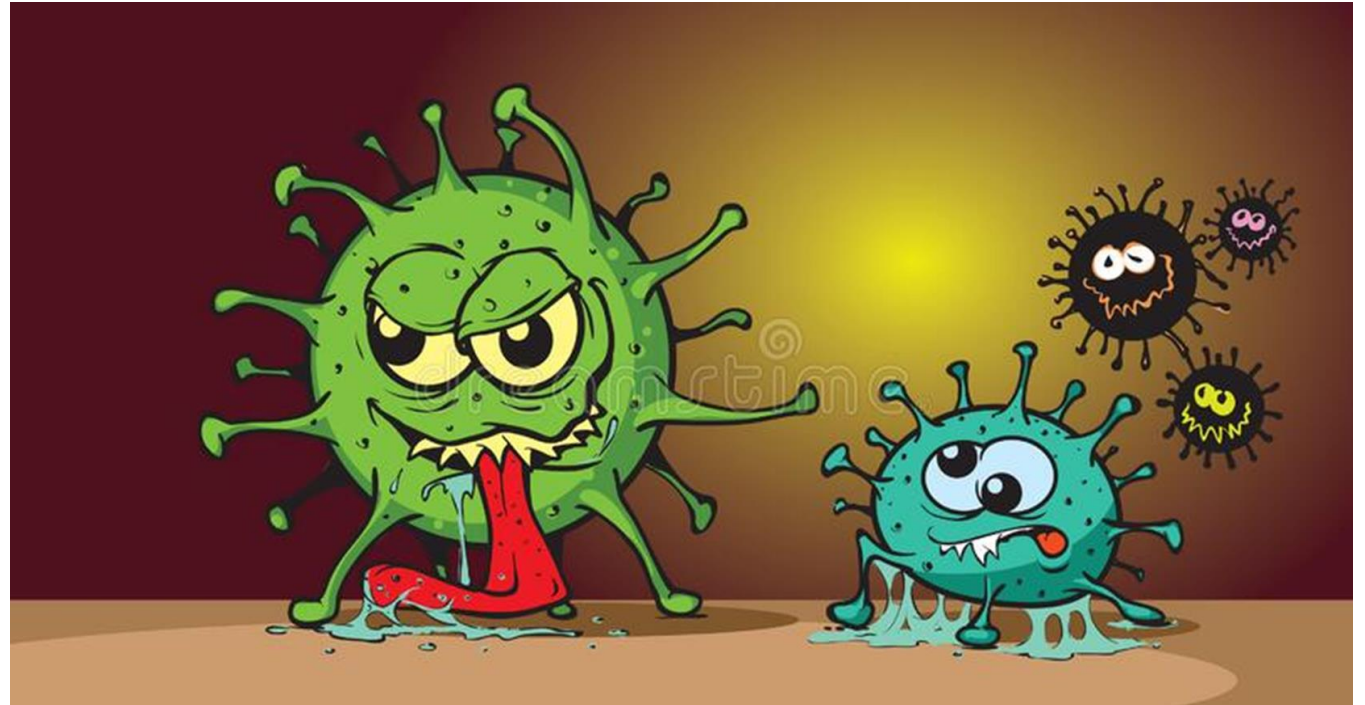
Because diseases with epidermal barrier interruption could enhance the virus acquisition through indirect contact

dermatology patients might be at an increased risk for developing the infection.

Pressure injury, contact dermatitis, itch, pressure urticaria, and exacerbation of pre-existing skin diseases, including seborrheic dermatitis and acne, have been described.

COVID-19 has a relatively low-resistance to disinfectants. As a result, a variety of regimens have been proven effective, ranging from

- 75% ethanol
- Chlorine
- UV disinfection
- hot water bath at 56 °C (132.8 °F) for 30 minutes



Another important practical concern is the care for patients with autoimmune and chronic inflammatory disorders, such as psoriasis, atopic dermatitis, lupus, scleroderma, and hidradenitis suppurativa, which may require immune-suppressive therapy. It is not clear whether the administration of the biologics should be delayed.

Skin problems related to personal protective equipment (PPE) and personal hygiene measures

The skin complications in COVID-19 infection are mainly due to the **hyper-hydration** effect of PPE, **friction**, **epidermal barrier breakdown**, and **contact reactions**, all of which may aggravate an existing skin disease.

Erythema, papules, maceration, and scaling are the most commonly reported skin changes due to extended wear of PPE

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PPE



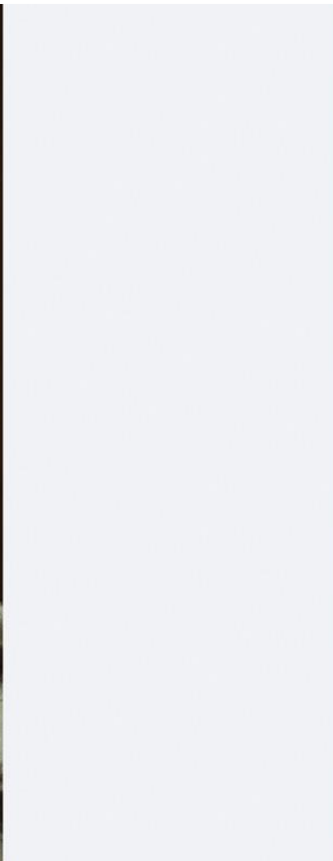
The most commonly affected skin sites were the nasal bridge (83% due to the use of protective goggles but not the hygiene mask, cheeks, forehead, and hands.



The prolonged contact with masks and goggles may cause a variety of cutaneous diseases ranging from contact and pressure urticaria or contact dermatitis to aggravation of pre-existing dermatides.



A former study pointed out that more than 1/3 of health care workers complained of acne, facial itching, and even dermatitis from wearing a N95 mask.



Facial erythema and papules accompanied by burning and itching in 42-years-old female patients who disinfected her face with 60% ethanol 5 times daily and used protective facial mask for 6 hours a day

The use of protective hats and the accompanying occlusions may induce pruritus and folliculitis or exacerbate seborrheic dermatitis.

Long-term use of protective gloves leads to occlusion and a hyper-hydration state of the epidermis clinically observable as maceration and erosions, possibly leading to the development of contact dermatitis.

Exaggerated hand washing with detergents/ disinfectants can impair the hydro-lipid mantle of the skin surface and may also be responsible for irritation and even the development of contact dermatitis

Two-thirds of health care workers will wash their hands over 10 times a day, but only 22% are applying skin protective cream



Hand dermatitis resulting from excessive hand washing as a preventive measure in COVID-19 transmission

The atopic diathesis, low humidity, frequency of hand washing, wet work, glove use, and duration of employment are important risk factors for the development and/or aggravation of hand dermatitis.

In terms of contact dermatitis prevention, we recommend applying hand cream frequently, especially following hand washing and before applying PPE

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Conclusions

The skin and COVID-19 interactions, as well as the consequences to the skin and mucous membranes of increased personal hygiene measures, should be recognized by dermatologists and their co-workers.

The use of preventive measures, including emollients, barrier creams, and moisturizers, is essential in preventing skin complications aggravated by preventive measures during the pandemic.



Recommendation

Use

• Use barrier cream

Decrease

• Decrease frequency of unnecessary washing

Bath

• Daily bath

Stay

• Stay home as much as you can

استبيان



هل ارتديت احد معدات الوقاية الشخصية ؟

هل استخدمت المعقمات و المطهرات ؟

هل ظهرت اعراض جلدية؟ حكة؟ احمرار ؟ تحسس ؟

هل ساءت لديك امراض جلدية سابقة ؟

Thank
you

