

Baran CAYHAN¹

BACKGROUND

The new Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) infection was lately declared a pandemic by the World Health Organization. The disease has been described as COVID-19 (Coronavirus Disease 2019) and it has been found that the virus is mostly transmitted by respiratory droplets and contact while breathing through the nose and mouth. The virus principally affects the respiratory tract with a broad clinical manifestations ranging from the common cold to severe pneumonia [1]. The diagnosis of COVID-19 is based on clinical symptoms (pyrexia, cough, dyspnea, anosmia, ageusia, and tiredness), vital signs (body temperature, oxygen saturation), and radiological results (chest CT examinations showing ground-glass opacities) [2]. The clinical scenario varies with most patients only needing supportive care, while others require receiving to an intensive care unit for invasive mechanical ventilation. Besides, a growing number of dermatologic manifestations are attributed to COVID-19. Maculopapular eruptions, morbilliform rashes, hives, chilblains, pityriasis rosea, chickenpox-like lesions, livedo reticularis, and some other lesions were the main skin manifestations during the pandemic [2].

¹ MD, Dermatologist, Istanbul Basaksehir Cam and Sakura City Hospital, Department of Dermatology E mail: cayhanbaran@hotmail.com

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