

An interesting case of cutaneous manifestation of COVID-19

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Abstract Corona virus, also known as covid-19 is an infectious viral disease caused by SARS-CoV-2. The disease has caused a global pandemic. It was first identified in December 2019 in Wuhan province of China and has been declared as global pandemic in March 2020 by World Health Organisation. Cutaneous manifestations in Covid-19 have not been widely discussed. Here we are presenting a case of 14 year old boy who came to our skin OPD with the complaint of urticaria which was not responding to treatment. The boy came with complaint of rashes all over the body associated with fever, throat pain, cough, loss of smell and taste sensation since 2 days. We did a complete blood count and CRP level. On investigation we found his total leucocytes count to be 28,900/cmm, Polymorphs were 90%, Lymphocytes 6% and CRP value was 47mg/L. He was prescribed injection Pheniramine maleate 2cc IM stat, T. Levocetirizine 5mg HSx15 days, T.Azithromycin 500mg once daily x 7 days and moisturising lotion and patient was referred to Covid hospital where he was found to be Covid positive.

Key words

Urticaria, COVID-19, cutaneous manifestations, global pandemic.

Introduction

Corona virus is spreading rapidly all over the world. Although it has many manifestations and disease can affect multiple systems in our body. Only a few cases of cutaneous manifestations have been described since the pandemic was announced by WHO in March.¹ Few reports have suggested that cutaneous manifestations are present in 20.4% of patients with Covid 19, and according to the case reports a wide variety of cutaneous manifestations are related to the virus. These include widespread urticaria, morbilliform rash, erythematous rash, chicken pox like vesicles, purpuric rash, dusky acrocyanosis, petechiae rash associated with

thrombocytopenia, transient livedo reticularis and red papules on fingers resembling chilblains.² Unfortunately, due to high infectivity of the disease it is almost difficult to report these cases.

Case report

A 14 year old boy came to our skin clinic with his father with the complain of rashes all over the body since 2 days accompanied by fever, throat pain, cough, loss of smell and taste sensation. On examination we found erythematous annular and irregular wheals all over the body. We made the diagnosis as urticaria and we decided to do a complete blood count and CRP level. On blood examination we found his total leucocytes count to be 28,900/cmm, Polymorphs were 90%, Lymphocytes 6% and CRP value was 47mg/L. He was prescribed with Injection

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Figure 1 Multiple erythematous irregular wheals present over face and neck.



Figure 2 . Multiple erythematous irregular wheals present over neck.



Figure 3 Multiple erythematous irregular wheals present over abdomen.



Figure 4 Multiple erythematous wheals present over the flanks.



Figure 5 Multiple erythematous wheals present over the forearm.



Figure 6 Multiple erythematous wheal present over bilateral legs.

Pheniramine maleate 2cc IM stat, T. Levocetirizine 5mg HSx15 days, T.Azithromycin 500mg once daily x 7 days and moisturising lotion and patient was referred to Covid hospital where he was found to be Covid positive.

Discussion

Cutaneous manifestations of COVID-19 have been described in very few case reports. In the spectrum of COVID-19 associated dermatologic manifestations: an international registry of 716 patients from 31 countries, the most common cutaneous manifestations were morbilliform, pernio-like, urticarial, macular erythema, vesicular, papulosquamous, and retiform purpuric rash. Retiform purpura was seen exclusively in critically ill, hospitalized patients. The relationship of urticaria and infection has

rarely been reported. This may be because of difficulty in establishing a cause and effect relationship.³ Literature suggests that urticaria and angioedema can be triggered by viral and bacterial infections.⁴ To further support this data, it was also established that urticarial manifestations cleared up after the viral infections were treated or controlled.³ Although there are very few case report to establish a relationship between Covid-19 and urticaria from Italy, Thailand and other parts of world. Our case is important regarding association of Covid-19 and urticaria although more reports need to be published to make a definite correlation between Covid19 and urticaria.

Another study established that acute urticaria is a frequent manifestation of viral infections for both children and adults but more so for

children. Infections were also recognized as the primary cause of urticaria in approximately 37% of cases.⁵

Conclusion

Dermatologists can help to diagnose Covid cases by knowing about the cutaneous manifestations of Covid-19. Proper referral and treatment of patient at the right time can prevent spread of infection and save life of a Covid patient.

References

1. Guan WJ, Ni ZY, Hu Y et al. Clinical characteristics of coronavirus disease 2019 in China. *N Engl J Med.*2020;**382**:1708–20.
2. Recalcati S. Cutaneous manifestations in COVID-19: a first perspective. *J Eur Acad Dermatol Venereol.*2020;**34**:e212–13. <https://doi.org/10.1111/jdv.16387>.
3. Imbalzano E, Casciaro M, Quartuccio S et al. Association between urticaria and virus infections: a systematic review. *Allergy Asthma Proc.*2016;**37**:18–22.
4. Yong S-B, Yeh W-C, Wu H-J et al. Impact of mycoplasma pneumonia infection on Urticaria: A nationwide, population-based retrospective cohort study in Taiwan. *PLoS One.*2019;**14**:e0226759.
5. Wedi B, Raap U, Wiczorek D, Kapp A. Urticaria and infections. *Allergy Asthma Clin Immunol.*2009;**5**:10.