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Clinical Image

Cutaneous Eruption as First Manifestation of COVID-19

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1. Clinical Image

A 71-year-old woman presented to the Emergency Department, complaining of fever and shortness of breath.

Two days before, she noted a transient non-pruritic blanching rash.

The patient was healthy with no co-morbidities, medications or previous adverse drug reactions.

Physical examination found bilateral diminished breath sound and a non-pruritic purpuric rash on legs (Figure 1) and arms (Figure 2). She was febrile 38.1°C and hypoxemic (a PaO2/FIO2 ratio <140 mm Hg with FIO2 of 100%).

Laboratory tests (white blood cells, platelet, fibrinogen, prothrombin and activated partial thromboplastin) were normal. Blood cultures were negative.

Chest CT showed bilateral ground-glass opacity (Figure 3).

Naso-pharyngeal swab tested for SARS CoV-2 RNA amplification resulted positive.

The patient was admitted to the Intensive Care Unit. An antiviral therapy with a combination of Azithromycine-Hydroxychloroquine was started in association with low-molecular-weight heparin, and oxygen.

Unfortunately, the patient's condition worsened and developed acute severe respiratory distress syndrome requiring mechanical ventilation for two weeks.

Complete remission of both general and cutaneous manifestations was observed after ten days. She was discharged home, 6 weeks later, stable on supplemental oxygen.

Dermatologic manifestations of COVID-19 are rare with common clinical features resembling other viral respiratory infections [1]. Skin manifestations were reported only in case reports and two case series [2].

The most cutaneous presentations described were erythematous rash with few cases of urticaria and vesicle formation [1,2].

Physicians should be aware of these important clinical manifestations that may aid in the timely diagnosis of COVID-19 infection [2,3].



Figure 1: Cutaneous eruption of the leg

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Figure 2: Cutaneous eruption of the arm



Figure 3: CT scan showing bilateral ground glass opacities

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