COVID-19 Skin Findings

The COVID-19-related skin findings that have been described are pernio-like acral lesions and retiform purpura/livedo racemosa.

Pernio-like lesions are purple, tender, itchy bumps on the toes and fingers that appear to occur in mild/asymptomatic disease particularly in young patients.

Patients often present because these lesions are tender and/or bothersome. It is possible these lesions occur particularly in patients in the recovered phase of the disease. The underlying cause appears to be self-limited, isolated vasculitis with secondary microthrombi, though this is not entirely clear. SARS-CoV-2 testing should be strongly considered in these patients if possible.

Retiform Purpura and Livedo Racemosa (particularly acral) appears to occur in critically ill patients, typically in the ICU, and is likely a cutaneous manifestation of systemic coagulopathy. These patients develop lacy, purple, nonblanching patches on the arms and fingers, possibly complicated by complete necrosis. Reports of similar, purpuric patches with epidermal necrosis on the buttocks have also been described anecdotally by the dermatologic community in New York City. Therapeutic anticoagulation should be considered in the appropriate clinical context and without contraindication. The underlying cause of coagulopathy is not well understood and may involve complementopathy. Labs to consider based on the clinical context: antiphospholipid panel, CBC w/diff, ANA w/reflex ENAs, rheumatoid factor, C3/C4, cyroglobulins, ESR/CRP, and DIC labs.

Less common and nonspecific findings include urticarial, vesicular, morbilliform, and petechial eruptions.

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