

Editorial Note on Dermatology Change in the COVID-19

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Editorial

The merger of the COVID-19 pandemic has led to a change in the world order as a whole. Healthcare professionals have been the main actors and the occupational community most at risk during this time. We, as dermatologists, also have many obligations concerning patients, ourselves, and society in this pandemic. Dermatologists, when employed in pandemic facilities and outpatient clinics as well as in their practices, have to protect themselves, their families and their patients. One of their duties is to provide the public with information on safety measures against cutaneous side effects associated with the heavy use of disinfectants and the long-term use of masks. In hospitals, only emergency patients were admitted for treatment in all units during the pandemic, and elective operations and procedures were postponed. In this context, it is very important to decide the protocols for the follow-up and treatment of chronic dermatological diseases during this time, as well as the interventional and cosmetic procedures that may be performed. Valuable contributions were made by guidelines provided by the various medical societies. The advantages and related problems of teledermatology have related pros and cons.

A highly infectious encapsulated RNA virus belonging to the family Coronaviridae is the extreme acute respiratory distress syndrome coronavirus 2 (SARS-CoV-2). In a short period of time, millions of people have been infected with the virus, resulting in the pandemic of Coronavirus Disease 2020 (COVID-19). Dermatologists play a vital role in this world of crisis, as do all healthcare professionals. More care is needed when treating patients and when conducting surgical and cosmetic procedures to avoid SARS-CoV-2 contagion. Various approaches to treatment preparation for patients undergoing systemic therapy have also been developed. The use of personal protective equipment (PPE) and the dermatological problems associated with hand hygiene were taught to patients, employees, and colleagues. It is important to recognize signs and symptoms, especially clinical findings that occur in patients with COVID-19, some of which are newly identified.

Encounter in dermatology outpatient clinics at the beginning of the pandemic, most emergency patients were seen in dermatology outpatient clinics; patient evaluations are now initiated with effective preventive steps to avoid the spread of the COVID-19 virus. There may be some issues with testing patients during the pandemic, including any patient as a possible patient of COVID-19. Temperatures are often taken before visiting an outpatient clinic, and visits should be avoided for those with fever. Where practicable, patients should come alone or, if appropriate, be accompanied by one person and accompanying people should be held outside the examination room. Social distances of 1.5 meters (six feet) should be preserved in the waiting room, and both the patient and the accompanying person should wear a surgical mask without failing in the hospital. The number of patients should be determined by the size of the waiting rooms and the number of patients present in the waiting rooms should be sufficiently limited at the same time.

Where appropriate, social distancing is recommended in the examination room. No pollution was found among healthcare workers who wore gloves, masks, and gowns, as well as those with regular hand washing, in the 2003 Serious Acute Respiratory Syndrome outbreak. Doctors and other healthcare practitioners should wear their PPEs, too. A tragedy equivalent to the pandemic of Covid-19 was the Spanish Flu outbreak of 1918-1919. Physicians responded to the challenge and, as a consequence, medicine made many strides. As was the potential correlation of Parkinson's disease with the Spanish Flu, whether the sequelae of the disease would be varied and long lasting or would be obscured, progress in teledermatology and virtual education should prove to be important.

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