Editorial

QUO VADIS DERMATOLOGY?

The pandemic is practically over and leaves us an important legacy of dermatological manifestations related to it, COVID fingers, post COVID urticaria, erythema multiforme like, vesicular eruptions, pruritus, livedo reticularis, purpuric lesions, necrotic lesions and etc, etc, etc,. In addition we cannot forget the pre-existing diseases or not, which were exacerbated or triggered by the COVID such as psoriasis, lichen or vitiligo etc.. If we add to these the manifestations caused by the use of the mask such as maskne, atypical candidiasis, accentuation of wrinkles and pores, rosacea like, or simply irritation due to its continuous use, which together with the irritative eczemas and with great xerosis caused by the abusive use of alcohol on the hands, and having as the strawberry that crowns the cake, the cutaneous manifestations triggered by the different vaccines, we can then affirm that this legacy is already a new chapter of dermatology. There is no need to remind us that AIDS continues to surprise us with its rare and often aggressive cutaneous manifestations.

However, this is not over yet and monkeypox, with its characteristic rash, its lesional similarity to syphilis and its clinical picture composed of macules, papules, vesicles and pustules, which semiologically follow one another associated with other various clinical and dermatological manifestations, adds to the weight of dermatological knowledge of pandemic or non-pandemic infectious diseases.

And we cannot forget that ancient diseases such as scabies, with its varied manifestations, some of them very unusual. Early and atypical localizations of herpes zoster, the equally atypical manifestations of hand, foot and mouth disease, the changing spectra of superficial and deep larva migrans, mycoses with their new and old manifestations and finally, many other infections of the dermatological heritage in which although we know that some of them are no longer observed very often, this same fact leads to the ignorance of the different clinical forms of each disease, as in the case of syphilis.

It is important to understand that patients come to the specialist for his expertise and not for a routine dispenser of tests, biopsies and images that lead him to think of possible diagnoses rather than a physician who has clear differential diagnostic ideas that he affirms with wisely directed tests.

Today these diseases, pandemic or not, lead us to the obligatory nature of their knowledge, because we do not have the excuse of the famous Garfield of the comic strips, when quoting Benedetti, he said "When I thought I knew all the answers," but we must understand the philosopher **JERGMAUP** when he said that *"To the desperate man who comes in search of hope, neither lies nor burnout are useful, but only the attitude of the man who is worried, shows his knowledge of the problem or the desire to investigate with bases until he finds the answers that give light to his anguish."*

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