

CASE REPORT

COVID fingers. Report of a case in an elderly patient.

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Key words: Rash resembling
perniosis. Fingers of COVID. Report
of an Ecuadorian case

Reception date: 07/20/2022

Acceptance date: 08/04/2022

ABSTRACT

Since 2019 when the first cases of COVID were described in China, different and varied cutaneous manifestations of this disease have been gradually reported. One of these manifestations closely resembles a perniosis and its knowledge is of importance to avoid confusion and unnecessary investigations. We report a case of this cutaneous manifestation in an elderly patient with recent COVID infection.

INTRODUCTION

The picture occurs in both children¹ and adults² and has even been related to vaccines for viruses.³ Among these processes that are mentioned as associated with COVID, there is what has been called "COVID fingers," pseudoperniosis or pseudobathrooms, a manifestation that, although it is considered an uncommon associated symptom in this infection, has been reported throughout the country. Europe takes the form of acral lesions similar to chilblains associated with COVID, their appearance coinciding with the onset of the disease in 1919.⁴

CLINICAL CASE

This is an 84-year-old patient, lucid, with a history of gastric lymphoma treated with chemotherapy and immunotherapy, a process that is currently in remission.

Approximately three or four weeks before the time of the consultation with us, he presented Covid with very moderate symptoms, which was diagnosed with PCR.

She comes to our center for presenting from 15 days ago, that is, more or less 10 days after her process, pain

and inflammation that she refers to was located in the nails of her big toes. Three days ago, the relatives indicated that a dark pigmentation began in both nails. She was examined by a rheumatologist who ruled out joint abnormalities.

At the time of the examination, the presence of erythematous lesions on the big toes of both feet was noted (Photo 1).

With a closer look, erythematous and purpuric macules are observed on the dorsum of the foot, especially on the right foot, and erythematous macules and papules on the dorsum and edge of the big toes, as well as a dark coloration on the nails of these toes (Photos 2 and 3).

The patient and her relatives were informed of the calm and generally self-resolving evolution of the process. She was administered symptomatic medication. Three weeks later, the relatives reported that the condition had been resolved, leaving only a very discreet sensitivity of no great importance.



Photo 1. Presence of erythema and inflammation, especially in the big toe of both feet.



Photos 2 and 3. Erythematous and purpuric macules on the dorsum of the right foot (red circle). Erythematous papules and macules on the back of the big toes and on the anterior and lateral surfaces of the big toes (white circle).

DISCUSSION

Perniosis is defined as acral skin lesions that are caused by poor blood circulation under prolonged exposure to cold. Since the start of the pandemic, an increase in cases of pernio-type injuries has been reported, thus giving rise to the hypothesis of a possible association with COVID and there has been speculation about the possibility of even classifying it as a type of late association. It has been shown that this association is observed especially in the pediatric population.

The most frequently observed lesions are macules and patches, especially in patients under 20 years of age, while papules and plaques were mostly found in patients over 20 years of age. The color varies between purplish red and purplish without predilection for age or sex.⁵

The reported symptoms are localized and revolve around pain, tenderness, itching, tingling, and burning. The average duration of the picture is approximately two or three weeks with its resolution.

Histopathology is not conclusive and is based on vascular changes with vascular and perieccrine infiltrates. The onset of the disease generally occurs weeks after the onset of the symptoms of the virus, and it is important to emphasize that most of the cutaneous processes associated with COVID, such as urticarial or morbilliform rashes, are non-specific and can be found in other type of rashes. viral or drug However, these pernio-type acral lesions are quite exclusive to COVID, another peculiar aspect being the fact that in many of the patients who present this pseudoperniosis the symptoms of COVID were very mild or did not exist and the patients, as we have already mentioned, are generally young and healthy.⁶ The pathophysiology of the condition is not totally clear and multiple multifactorial causes are invoked. There are reports that question this association and describe it as an epiphenomenon, that is to say, an accessory phenomenon that accompanies the primary phenomenon without really having any influence on it,⁷ while others simply think that today the association does not exist, since positivity for COVID is not always found in patients with the acral alteration.⁸ In short, all of this leads researchers to continue asking themselves if COVID fingers constitute a true phenomenon or an unfounded diagnosis and for this reason they enunciate different theories such as the response to type 1 interferon (due to the high levels of type 1 interferon found in some of these patients with this association) or on the other hand, the possibility of a phenomenon of viral reactivation.⁹ while others simply think that today the association does not exist, since positivity for COVID is not always found in patients with acral alteration.⁸ In short, all of this leads researchers to continue asking themselves if COVID fingers constitute a true phenomenon or an unfounded diagnosis and for this reason they enunciate different theories such as the response to type 1 interferon (due to the high levels of type 1 interferon found in some of these patients with this association) or on the other hand, the possibility of a phenomenon of viral reactivation.⁹ while others simply think that today the association does not exist, since positivity for COVID is not always found in patients with acral alteration.⁸ In short, all of this leads researchers to continue asking themselves if COVID fingers constitute a true phenomenon or an unfounded diagnosis and for this reason they enunciate different theories such as the

response to type 1 interferon (due to the high levels of type 1 interferon found in some of these patients with this association) or on the other hand, the possibility of a phenomenon of viral reactivation.⁹

CONCLUSION

The publication of this simple case seemed interesting to us, both because in our center we have not had or have not noticed this process, and because it is an apparently clear clinical diagnosis, based on the history of previous COVID and in the absence of a history of processes that enter into the differential diagnosis, however, it has interesting differences with the classic reports of COVID fingers, such as: the advanced age of the patient when they are usually young patients, their history of lymphoma gastric when most of the reported cases are patients with a good health history and finally the involvement of the nails that is not frequently reported in the process or we have not found it, but that the family affirms presented itself three days before the query.

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Case No.3. Similar clinical (Photo 1-2) and histopathological (Photo 3) characteristics.