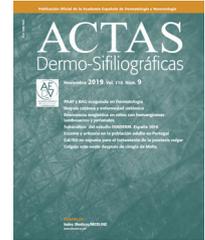




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RESIDENT'S FORUM

RF - Organization of a Dermatology Department During the COVID-19 Pandemic[☆]



FR - Organización de un Servicio de Dermatología en la pandemia del COVID-19

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Received 17 April 2020; accepted 21 April 2020

KEYWORDS

COVID-19;
Coronavirus;
SARS;
Dermatology;
Pandemic

PALABRAS CLAVE

COVID-19;
Coronavirus;
SARS;
Dermatología;
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Some dermatology departments have written about their experience during the current pandemic. In Italy, a dermatology clinic postponed visits, treating only urgent cases. The reduction in routine activities allowed reallocation of staff to care for COVID-19 patients.¹ A similar approach was adopted by the dermatology department of the West China Hospital, Sichuan University: care was provided via telephone consultations, allowing for a reduction in the flow of

patients attending the clinic. Patients wore masks and had their temperature taken before entering the clinic, and doctors wore masks, surgical caps, protective suits, gloves, and goggles throughout the working day.² At the Sun-Yat-sen University Hospital in China, staff received training in protective measures and facilities were regularly disinfected, resulting in a COVID-19 infection rate of 0% in the dermatology department.³

The dermatology department of the Miguel Servet University Hospital, Zaragoza, Spain, adopted measures to prevent transmission between patients and staff. COVID-19 training was provided and departmental meetings were suspended. From the beginning of the state of alarm (March 16) to March 31, scheduled visits were managed by telephone (645 first consultations and 586 follow-up consultations). Some patients were asked to email photographs of their lesions to the department, and were successfully managed and treated (using the electronic prescription service) and discharged whenever possible, with subsequent follow-up categorized as either urgent, preferential, or normal. In cases considered urgent, patients were seen in person, without accompaniment, except in the case of minors or dependents. Staff wore surgical masks and gloves throughout the consultation. Dermatological surgeries were canceled, with the exception of 10 patients with skin cancer. Digital dermoscopy, phototherapy, and photodynamic therapy consultations were temporarily suspended. Two patients with severe bullous dermatosis were hospitalized in a specialized COVID-19-free burn unit. Seventeen interdepartmental primary care consultations were carried out virtually using

[☆] Please cite this article as: Cerro PA, Palma AM, Navarro-Bielsa A, Gilaberte Y. FR - Organización de un Servicio de Dermatología en la pandemia del COVID-19. Actas Dermosifiliogr. 2020;111:782–783.

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the department's teledermatology system, and staff attended 20 interdepartmental consultations in the hospital's wards and emergency department.

Finally, a specific process was created for consultations involving patients with skin lesions and suspected COVID-19 infection. All cases were first evaluated by teledermatology, after which patients were selected for face-to face consultation.

Two of the 8 specialists, 2 of the 3 residents, and 2 of the 8 nurses from the dermatology department were relocated to care for patients with COVID-19. To date, one member of staff of the dermatology department has contracted COVID-19.

We have been through an exceptional experience. Healthcare services at our hospital did not collapse due to the pandemic, allowing the dermatology department to

continue providing care to patients with skin disorders and to collaborate in caring for COVID-19 patients.

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