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COVID-19 Associated Unilateral Maculopapular Eruption: A Case Report

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Dear Editor,

Coronavirus disease 2019 (COVID-19), in addition to being a disease with mainly pulmonary involvement, can cause cutaneous pathologies in patients. Major cutaneous manifestations can be listed as maculopapular rash, urticarial lesions, pseudo-chilblain, vesicular eruptions, livedo, and necrotic lesions [1]. Recently, newly defined entities such as COVID-19-related exfoliative shock syndrome, COVID-19-induced rash and mucositis, and calciphylaxis with thrombotic vasculopathy have also been reported [2]. Here, a case of a patient who developed a unilateral maculopapular eruption after the diagnosis of COVID-19 is presented.

A 55-year-old female patient was evaluated by teledermatology method with the complaint of an itchy red rash on the left side of her body. The patient's history revealed a positive Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) PCR test 2 days before the complaint. Medications used by the patient were Favipiravir 200 mg/day, azithromycin 500 mg/day, acetylsalicylic acid 100mg/day, acrivastine 8 mg-pseudoephedrine 60 mg/day, liposomal vitamin C, and A multivitamin tablet containing beta-glucan, astragalus extract, sambucol extract, royal jelly, vitamin D3, and zinc. In dermatological examination; painless, itchy erythematous papules and plaques of diameters ranging from 3

mm to 2 cm were observed with scattering on the left side of the patient's body on the arm, upper breast, trunk, hip, and leg. (Figures 1, 2, 3) No pathology was detected in blood tests. Cetirizine 10 mg and medium potent topical corticosteroid lotion were prescribed



Figure 1. Anterior (1a) and posterior (1b) views of the lesions located on the left side of the patients body



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and the patient presented with regression on the lesions at 1-month follow-up.

Although it does not appear to be a dermatotropic virus, cutaneous findings have been reported in 20% of patients with COVID-19. When all cutaneous findings were compiled, two groups were formed as inflammatory/exanthematous and vasculopathic in terms of pathophysiology. It is stated that the most common cutaneous finding is maculopapular exanthema (morbilliform) [3].

There are 3 cases in the literature with unilateral lesions associated with COVID-19, similar to our patient [4,5,6]. The lesions reported by Glick et al. [4] were limited to the right axillary region and the



Figure 2. Close-up view of lesions on the arm volar face



Figure 3. Close-up view of the lesions on the trunk

ones reported by Karaca et al. [5] were limited to the left inguinal region [4,5]. In the case reported by Shubhra et al. [6], unilateral wet gangrene located in the right lower extremity was found to be associated with pulmonary thromboembolism [6]. In our case, a diffuse unilateral maculopapular eruption was observed in nearly half of the body. The distribution of the lesions in our patient suggests cutaneous mosaicism, and it has been reported that many inflammatory polygenic diseases, including drug eruptions, may have segmental involvement [7].

Due to its peculiar feature, we decided to present unilateral maculopapular exanthema in our patient during the course of COVID-19. Future studies are needed to fully elucidate the cutaneous effects of the SARS-CoV-2 virus or the drugs used in the treatment of COVID-19.

Ethics

Informed Consent: Consent form was filled out by the patient.

Peer-review: Internally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: Z.A.S., Concept: Z.A.S., Design: Z.A.F., Data Collection or Processing: Z.A.S., Analysis or Interpretation: Z.A.F., Literature Search: Z.A.F., I.S., Writing: Z.A.F., I.S.

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