



## Assessment of Skin and Mucosal Changes During Acute Illness And Remission of Covid-19 Patients

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**ABSTRACT**

Our tests were performed on 104 COVID-19 patients between the ages of 2 and 75. The diagnosis of COVID-19 has been confirmed based on clinical, epidemiological and laboratory findings. The patients studied were mainly those who had the disease in May-June 2021, and their age was as follows: 1 person 1 year, 2 people 3 years, 1 person 6 years old, 1 person 11 years old, 1 person 17 years old, 1 person 19 years old, 1 person 22 years old, 9 people 24 years old, 19 people 30-34 years old, 6 people 39 years old, 6 people 40-44 years old, 3 people 45-49 years old, 8 people 50-55 years old, 11 people 55- 59 years old, 10 people 60-64 years old, 16 people 65-69 years old, 11 people over 70 years old. On the skin and mucous membranes of the observed patients, roseola and vascular spots were noted in 42%, urtica - in 8%, petechiae - in 9%, papules - in 10%, bulla - in 12%, erosion - in 10%, skin ulcers - in 9%.

**Keywords:**

COVID-19, skin, mucous membranes, rashes

**Relevance of the topic:**

Even at the start of the 2020 coronavirus disease (COVID-19) pandemic, it was clear that dermatologists would play an important role in patient management. Although skin changes were rare in the initial cases, subsequent studies have shown that the number of skin lesions is significantly higher, as they may not be able to perform a complete examination of the skin [8,11,15].

The actual uncertainty in the prevalence of cutaneous manifestations is related to the uncertainty about the presence of a direct infection or an association with systemic diseases (for example, due to reagents or drugs). Many questions arose that made the task more difficult. This gave dermatologists the opportunity to learn and contribute. What are the current priorities for dermatological research and clinical care as the COVID-19 pandemic evolves? Cases of "erythematous rash", "common urticaria" and "chickenpox"

have been described in 18 patients with severe acute respiratory syndrome infected with coronavirus 2 (SARS-CoV-2) or coronavirus 2019 (COVID-19) in Italy. [2,7,8]. Additional reports describe other rashes, including petechial and purpuric changes, transient reticular livedo, and acroischemic lesions. It remains unclear whether these rashes are directly related to COVID-19, as they can occur both due to viral infections and adverse drug reactions. As a result of the use of personal protective equipment, pressure sores, contact dermatitis, itching, exacerbation of pre-existing skin diseases and new skin lesions, and the appearance of new skin diseases can occur. Skin problems associated with personal hygiene measures can include itching, dryness, and contact dermatitis. Skin changes can also be observed with SARS-CoV-2 viral infections. Skin damage due to COVID-19 ranged from 0.2% to 29% [7,15]. Patients with COVID-19 have multiple skin lesions, including

maculopapular, urticaria, vesicular, frostbite, thrombotic, ischemic, and others. However, skin lesions can lead to a diagnosis of COVID-19, especially in asymptomatic or asymptomatic patients with COVID-19. In addition, treatment for COVID-19 can cause skin damage [9,12,18].

**Purpose of work:**

1. Detection of rashes on the skin and mucous membranes in patients with COVID-19, depending on the acute course of the disease and the recovery period.
2. Age analysis of changes in the skin and mucous membranes in patients with COVID-19.
3. To assess the duration of skin and mucous membrane rashes in patients with COVID-19.

**Materials and methods:**

Changes in the skin and mucous membranes were studied in 104 patients with COVID-19. The age of the patients and the rash were analyzed. COVID-19 was confirmed in all 104 laboratory patients using PCR and ELISA. Objective and bioscopic methods were used to assess the

condition of the patients' skin. At the same time, roseola, vascular spots, petechiae, papules, blisters, erosion and ulcers were noted on the skin and mucous membranes of the patients.

**Results:**

Changes in the skin and mucous membranes of patients under our supervision began to be observed from the third day of the disease and continued even after complete recovery. The shelf life of each rash observed was examined. At this time, roseola was observed in 42% of cases, and the period of their preservation was 3-6 days. Urtica were observed in 8% of patients, the duration of their persistence was 8-10 days. 9% of patients had petechiae, the period of their preservation was 12-18 days. 10% of patients had papules, the period of their persistence was up to 20-22 days. Bulla developed in 6% of patients, and their retention period averaged 10–12 days. Erosions and wounds were noted in 10% of patients, and the average duration of eruptions was 20-28 days. During dispensary observation after recovery in 9% of the examined patients, a recurrence of the rash was detected within 22-28 days

Table 1

Number and age of patients	Roseola 42%	Urtica 8%	Petechiae 9%	Papula 10%	Bulla 12%	Erosion 10%	Wound 9%
Duration of rash retention	3-6 days	8-10 days	12-18 days	22-22days	12-20 days	20-28 days	22-28 days
1 - 1 y	1						
1 - 6 y	1		1				
1 - 11 y	1		1				
1 - 19 y	1		1				
1 - 22 y	1		4				
9 - 24 y		3					
19- 30,34 y		3					
6 - 39 y	19	2	2				
6 - 40,44 y	4				4		2
3 - 45,49 y							3
8- 50,55 y	5				3	3	2
11 - 55,59 y	4					3	2
10 - 60,64 y	3				2	3	
16 - 65,69 y	4					1	
11 70 y					3		

Total 104	44	8	9	10	12	10	9
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### Conclusion:

It has been reported that in patients with COVID-19, a rash on the skin and mucous membranes occurs during the acute phase and recovery of the disease. The fact that the origin of these rashes is associated with vascular lesions, the presence of inflammatory infiltrates, trophic disorders, and increased sensitivity of the body suggests that these changes should be studied separately. In our study, rashes were observed in patients of any age.

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