



Image in medicine

Palmar rash for the new coronavirus SARS-CoV-2[☆]

Exantema palmar por el nuevo coronavirus SARS-CoV-2

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A 75-year-old man with a history of high blood pressure, glaucoma, benign prostatic hyperplasia, and pancreatic neuroendocrine tumour, undergoing treatment, who came to the emergency department for a 5-day history of fever and a dry cough. PCR for SARS-CoV-2 was positive, and a chest radiograph detected a unilateral lung infiltrate. Oral azithromycin and hydroxychloroquine were prescribed, but there was clinical worsening, with dyspnoea and persistent fever, for which he was admitted to hospital. On physical examination, he showed tachypnoea, tachycardia, and bibasilar crackles. The chest radiograph showed predominantly peripheral bibasilar opacities, in relation to severe bilateral pulmonary involvement due to SARS-CoV-2. The lab tests showed leukocytosis (19,200 / μ) with neutrophilia (15,800 / μ), elevated CRP (286 mg/L) and D-dimer (35,000 ng/mL) and positive PCR for SARS-CoV-2. The patient required admission to the ICU, with orotracheal intubation, prone sessions, and treatment with linezolid, piperacillin/tazobactam and experimental remdesivir. During his stay in the ICU, pruritic oedematous macules, with well-defined borders, appeared on the palms of both hands (Fig. 1). With the diagnosis of acral urticarial rash associated with SARS-CoV-2, an oral antihistamine was prescribed, with improvement in itching. The clinical and radiological response was favourable; therefore, the patient was discharged from hospital after 14 days of admission.

Although the disease caused by the novel coronavirus SARS-CoV-2 is characterised by the onset of respiratory symptoms, the spectrum of clinical manifestations is very extensive. Among them, various patterns of skin involvement have been described, such as urticarial lesions, which usually appear on the trunk or scattered, and less commonly, in the palmar region.



Fig. 1. .

The consent of the patient has been obtained and the site protocols on the treatment of patient information have been followed.

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Conflict of interests

The authors declare no conflict of interest.

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