possible explanation is diversion of T cells towards vaccine resulting in reduced control on infectious agents such as HHV-6/7 and their consequent reactivation.1,10

Cutaneous adverse effects of Moderna and Pfizer vaccines have been described recently,6 but similar reports with Covishield are lacking in literature. We report three adverse events temporally related to Oxford–AstraZeneca COVID-19 vaccine. While reactivation of herpes and pityriasis rosea have been described with COVID-19 vaccination before, erythema nodosum has not been reported previously. As these adverse effects were mild and resolved without sequelae, the general population should feel assured about its safety and should be encouraged to adopt vaccination at the earliest.

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Data are available on request.

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Personal protective equipment use and face acne in health care providers during the COVID-19 pandemic in Romania: A new occupational acne type?

Dear Editor,

During the COVID-19 pandemic, acne was a commonly reported adverse reaction to medical face mask use amongst healthcare providers (HCP).1–8

A cross-sectional, online survey applied to HCP was conducted from 17 December 2020 until 17 February 2021. This study was approved by University’s Ethical Committee and conducted according to the principles of the Declaration of Helsinki. The 41-item questionnaire developed using Google Forms, focusing on acne lesions included HCP in various medical centres from Romania. Questions specifically referred to the state of emergency (March–May 2020), when lockdown measures were instituted, and to the following 7–9 months.

Descriptive statistics, within- and between-subject tests and association measures were used for statistical analyses. Microsoft Excel 16 and IBM SPSS version 28 were considered.

We recorded 134 answers, 116 (86.6%) coming from female HCP with 107 (79.9%) being medical doctors; median age was 29 years old. Because different generations may exhibit distinct behaviours, and participants were grouped into generational birth cohorts, with categories provided by Pew Research: Baby Boomers (1946–1964), Generation X (1965–1980), Millennials (1981–1996) and Generation Z (1997–2012).9,10

To analyse the evolution of acne during and after the lockdown, we used an exact McNemar’s test which indicated significant differences in the proportion of people with acne between the two time frames, \( P < 0.001 \). New lesions or acne worsening were reported by 56.0% of subjects during the state of emergency and by 67.5% in the following 7–9 months. This effect
becomes more stringent with younger generations (Table 1), to the extent that an association between acne worsening, and generation is observed as a long-term effect, as the period of time in which people were required to wear PPE extended. \( \chi^2(3) = 8.308, P = 0.040 \).

Common facial areas affected were chin (70.1%), cheeks (41.8%), nose (34.3%) and neck (34.3%). The predictive model used for lesions development is highly suggestive for acne occurring on mask-affected areas. Regions concurrently involved in the same subject were cheeks, nose, chin (15.7% of cases) and cheeks, chin, neck (14.2% of cases). Chi-squared tests were run to determine the association between acne and various emotional impacts for the two-time frames. The results showed that acne lesions had the highest emotional impact, compared with the pandemic itself and PPE usage. \( \chi^2(4) = 70.576, P < 0.001 \) during the lockdown and \( \chi^2(4) = 55.707, P = 0.223 \) afterward.

HCPs in Romania commonly reported acne lesions in the areas covered by medical face masks, more intensely with the increase in the number of months during which PPE use was required to be permanent. This subtype of acne should be regarded as an occupational disease. More regulatory efforts are needed to prevent it and limit its impact on affected HCP.

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### Conflict of interest

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Dear Editor,

A healthy 68-year-old female presented with an erythematous nodule on the outer aspect of her left arm (Fig. 1a,b). The location of the nodule coincided with the injection site of the second dose of the Pfizer-BioNTech (Pfizer, Inc., New York City, NY, USA) SARS-CoV-2 mRNA vaccine, administered three months before. The nodule was preceded by a pruritic macule which steadily evolved to the lesion with which the patient presented. The patient had not experienced any side effects related to the administration of the first vaccine dose, which she had received 3 weeks before in the ipsilateral arm. Dermoscopic evaluation of the nodule revealed

![Figure 1](image1.png)

**Figure 1** (a) Erythematous nodule on the patient’s left arm as observed clinically. (b) Dermoscopic evaluation of the nodule revealed dotted vessels on an erythematous background and shiny white lines.

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SARS-CoV-2 mRNA vaccine injection site pseudolymphoma

A healthy 68-year-old female presented with an erythematous nodule on the outer aspect of her left arm (Fig. 1a,b). The location of the nodule coincided with the injection site of the second dose of the Pfizer-BioNTech (Pfizer, Inc., New York City, NY, USA) SARS-CoV-2 mRNA vaccine, administered three months before. The nodule was preceded by a pruritic macule which emerged a week after inoculation, and which steadily evolved to the lesion with which the patient presented. The patient had not experienced any side effects related to the administration of the first vaccine dose, which she had received 3 weeks before in the ipsilateral arm. Dermoscopic evaluation of the nodule revealed

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