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Aggressive squamous cell carcinoma in setting of Huriez syndrome
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A 63-year-old man presented for a painful mass on his right thumb that had been present for several months. On examination, he had nail dystrophy and several ventral pterygia. Most interestingly, scleratrophy of the distal upper extremities were noted on all 10 digits and the palms had marked keratoderma. Further history revealed that he had had keratoderma since childhood. History also noted conical dentition that led to dentures at the age of 17, and nail abnormalities. His condition went undiagnosed in childhood, and he did not follow up with a dermatologist. Family history noted an uncle with similar symptoms. A biopsy was taken of the nail mass. Histopathologic examination found the toenail mass to be squamous cell carcinoma (SCC). The development of SCC in a scleratrophy area, palmoplantar keratoderma, and family history established the diagnosis of a exceedingly rare autosomal dominant genodermatosis known as Huriez syndrome: Scleratrophy of the distal extremities, palmoplantar keratoderma, and hypoplastic nails represent the classic triad of features seen in Huriez syndrome. A distinct feature of this syndrome is aggressive SCC of the scleratrophy area, as seen in our patient. The mechanism of tumorigenesis in Huriez syndrome is unknown but is thought to be due to chronic sclerosis and scarring. SCC in Huriez syndrome are typically aggressive and display higher rates of metastasis and therefore should be treated expeditiously. His SCC was excised using Mohs micrographic surgery and luckily the lymph node biopsy was negative. He is being monitored closely every 3 months.

Commercial Disclosure: None identified.

AI-ADL: A relevant tool for assessing the burden of adult acne
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Acne has long been considered a condition mainly affecting adolescents. However, acne also affects adults. A novel burden questionnaire (impact of acne on daily life) was developed to assess the burden of acne in adult patients. The study objective was to validate the AI-ADL in a large patient population, aged ≥18 years with mild to severe acne. Burden of disease and quality of life (QOL) were assessed through AI-ADL, mental (MCS12) and physical (PCS12) parts of the short form health survey 12, a Stress VAS, Well-being 12 (WBQ12) and life quality index (DLQI). A Kruskal-Wallis comparison was performed to assess which scores differed across severity levels. Respondents (1002, median age 32) were predominantly women (72%). 75.7% had mild acne, 14% moderate acne, 10.3% severe acne. AI-ADL and DLQI scores were statistically different across severity levels (P < 0.001) with respective median scores for light, moderate and severe acne of ~50% (interquartile range [IQR] 10-48.6), 42.1% (IQR 28.6-58.9) and 50% (IQR 30-70) for AI-ADL, and ~13.3% (IQR 6.7-33.3), 26.7% (IQR 13.5-40.8) and 30% (IQR 13.5-50) for DLQI. Scores were not statistically different for PCS12 (P = 0.69) and were statistically different for MCS12 (P = 0.015). Stress VAS (P = 0.54) and WBQ12 (P = 0.15), however, with low or disordered differences in means. Whereas nonspecific QOL and well-being scores were not discriminant in the adult acne population, a specific burden score showed important variations across acne severity levels, suggesting its potential use for acne severity and patients’ QOL assessment.

Commercial Disclosure: None identified.

Alopexia in COVID-19 patients: Systematic review and meta-analysis
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Objective: We conducted a systematic review to summarize the types, incidence, timing, and clinical outcomes of COVID-19-associated alopecia.
Methods: We searched PubMed/MEDLINE, Embase, and Scopus for articles published between November 2019 and August 2021 using keywords “alopecia” or “hair” and COVID-19 search terms adapted from the MLA Clinical Librarians Caucus’ COVID-19 hedge, identifying 262 distinct reports, subsequently screened to 41 original articles describing alopecia patients with COVID-19.
Results: This review summarizes findings from 1826 alopecia patients with COVID-19 (mean age 54.5 years, 55.9% male) from 19 case series, 11 case reports, 5 cross-sectional studies, 4 cohort studies, and 2 case-control studies. Patients from 17 countries were classified as severe alopecia (30.7%, mean age 61.1, hospital male), alopecia areata (7.8%, mean age 36.1, 40% male), telogen effluvium (19.8%, mean age 48.0, 19.5% male), anagen effluvium (0.1%, mean age 29.5, 0% male), pressure-induced alopecia (0.1%, mean age 43.0, 100% male), or unclassified (41.4%, mean age 51.5, 15.3% male). Androgenic alopecia preceded COVID-19 symptoms, whereas telogen effluvium followed COVID-19 symptoms (mean duration to onset 56.5 days). Telogen effluvium was usually triggered for the first time by COVID-19 (95.6%), whereas alopecia areata usually occurred as an exacerbation of a pre-existing diagnosis (89.2%).
Conclusion: Several types of alopecia are associated with COVID-19, though our findings are limited by reporting bias. Androgenic alopecia may be a risk factor for acquiring COVID-19, whereas telogen effluvium is likely triggered by infection-related metabolic stress. Alopecia areata may occur due to immune dysregulation or loss of immune privilege from infection.

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