are available that allow for the pairing of the mobile phone and laptop/desktop. The application has to be installed in both systems. Once paired and made operable, the screen of the phone is projected on to the desktop. Mirroring has been used in the past as a teaching tool. In Dermatology, it can be used to project clinical pictures, videos and presentations for teaching young clinicians and can also be used for continuing medical education. Additionally, live dermoscopy images can be projected from the phone to a big screen. Once a dermatoscope is attached to the phone, the SM application is started and the relevant system is selected for pairing. The dermoscopic picture is then projected directly on to the desktop screen. The larger screen allows multiple dermatologists to share their input on the dermoscopic image simultaneously.

SC differs from SM that mirroring of the screens is not required. SC requires a digital media app (such as Google Chromecast) to be installed on the receiving device. The app first downloads the video or other media sent from the sending device and then plays the content on the receiving device. In Dermatology, SC can be used as a teaching tool in the form of video-based lessons, which are recorded by the instructor on their own computer, along with the narration delivered through a microphone and captured by the app. The instructor is not featured on camera; only the screen actions and voice commands are recorded. The flexibility of SC allows the instructor to record lessons according to their schedule, and the students can also access these lessons at a time convenient to them.

SS is basically the same as SM, except that it can be done from a remote location. SS requires both sender and receiver to have the same or compatible systems (examples include GoToMeeting, Slack and Skype). Whereas SM and SC can use smaller devices such as mobile phones, SS requires computers or tablets with compatible systems. In SS, the host computer sends encrypted information to a remote computer over a network. SS can be used to conduct departmental meetings, virtual workshops and project discussions without being in the same room. A difficult clinical case or dermoscopic image can be shared with fellow dermatologists for their opinion.

Thus, through SM, SC and remote SS, dermatologists can stay connected with all intradepartmental and interdepartmental professionals, whose opinion is often sought in various clinical scenarios and for assessment of dermoscopic images. This is an easy way to seek opinion and simultaneously maintain social distancing. Teaching of young dermatologists can also be continued through these platforms. As the current epidemic demands adequate social distancing to reduce human-to-human transmission, technological advancements will be needed to help clinicians to continue providing an adequate Dermatology service.

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Makeshift face shield for healthcare professionals during the COVID-19 pandemic
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The world is currently going through an arduous time owing to the COVID-19 pandemic. Correct personal protective equipment (PPE) must be used by health care professionals when dealing with patients infected with this virus. An important part of the PPE kit includes a proper, full body gown and a face shield that covers the front and sides of the face. However, owing to the sudden surge in demand for PPE because of COVID-19, there is a dire shortage in almost all countries. Although there is more availability of disposable/non-disposable isolation gowns, face shields are in extremely short supply.

We have tried to overcome the problem of face shields by using transparent sheets of the type usually used in overhead projectors or any other transparent sheets of appropriate size (Fig. 1a). Holes are punched close to one end of the sheet using a paper punch (Fig. 1b). A string is passed through these holes with enough string left on either side for tying (Fig. 1c). The free ends of the string are tied around the head and the string is further secured by paper surgical tape (Fig. 1d). This provides adequate protection for the eyes and the face. Obviously, it is not an alternative to proper face shields but can be very useful as an emergency backup and for resource-poor settings.

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Comment on 'Two cases of COVID-19 presenting with a clinical picture resembling chilblains: first report from the Middle East': pernio unrelated to COVID-19

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Linked Article: Alramthan and Aldaraji Clin Exp Dermatol 2020; [CED.14243]

We read with interest the recent paper by Alramthan and Aldaraji in Clinical and Experimental Dermatology, contributing to the spectrum of COVID-19 clinical manifestations. Since the COVID-19 outbreak began, a number of new symptoms have been described. Some of these were not initially highlighted but could be a distinguishing feature of COVID-19 infection, such as anosmia or ageusia. Therefore, it is believed that a newly reported symptom, termed acute acro-ischaemia, is another novel clinical manifestation of COVID-19 infection.

Alramthan and Aldaraji described two previously healthy women presenting with red-purple papules on the dorsal aspect of the fingers bilaterally. One of the patients also had diffused subungual erythema in the right thumb. Both patients presented to a clinic in Kuwait, but as they had recently travelled from the UK, a reverse transcription-PCR test for SARS-CoV-2 infection was performed, which gave a positive result.

The authors suggested that such skin lesions might be a new clinical manifestation of COVID-19 infection in otherwise asymptomatic individuals.

Figure 1 (a) Materials required to make the face shield; (b) holes are punched into the transparent sheet using a paper punch; (c) string is passed through the holes; (d) the finished face shield tied over the head and affixed with surgical tape.

Figure 1 Patient 1. Erythematous-violaceous papules over the distal joints.