Dear Editor,

The consequences of the COVID-19 pandemic forced dramatic changes in health systems around the world, including the cancellation of in-person consultations, with emergency services (ES) being the only option for face-to-face (F2F) consultations, including for dermatological conditions.1 Our tertiary hospital in Seville, Spain, has an Emergency Dermatology (ED) service, which provides treatment for patients referred from the ES with dermatological issues. We performed a study to analyse changes in attendance to the ED service during the first year of the COVID-19 pandemic.

We retrospectively analysed the number of patients (both those who attended and those who did not attend scheduled appointments) to our ED service from 14 March 2020 [the date the first state of emergency (SoE) was declared] to 13 March 2021 and compared them with data from the previous time period (14 March 2019 to 13 March 2020). In addition, data on weekly confirmed COVID-19 cases in the province of Seville were collected.2 Statistical analysis was performed using the \( \chi^2 \) or Student t-test with 95% CIs on Excel\textsuperscript{®} spreadsheets (2010; Microsoft Corp., Redmond, VA, USA). The data that support the findings of this study are available from the corresponding author upon reasonable request.

In total, 1381 patients were scheduled for ED consultation during the 2020–21 period, compared with 2013 patients during the 2019–20 period (Table 1), which was significantly different (\( P < 0.01 \)). Of these, 1319 (95.51%) and 1809 (89.87%), respectively, attended their appointment, while 62 (4.49%) and 204 (10.13%), respectively, did not attend (\( P < 0.01 \)).

We found that in contrast to the 2019–20 period (Fig. 1a), attendance was at its lowest in the first 4 weeks after the declaration of the first SoE (Fig. 1b) with a later increase, which consolidated once the de-escalation process started in Week 8. Similar decreases in attendance were observed when the number of COVID-19 cases peaked again in autumn and winter of 2020, even taking into account the imposed restrictions. Despite the greater impact of the pandemic, the number of patients seen in the spring of 2021 was higher than that in spring 2020, reflecting a possible lower perception of risk, as coexistence with COVID-19 has progressed.3 Similar studies in other countries also reported a decrease in urgent consultations, so this seems to be a generalized pattern.1,4 During the second study period, there was a striking decrease in the percentage of non attendees, perhaps indicating a higher awareness of the value of F2F healthcare among patients. These data are in contrast to those of other series, which reported an increase in the percentage of non attendees.5

We consider that keeping our ED service open not only allowed diagnosis of acute conditions, but also allowed the incidental diagnosis of melanomas or other tumours. This would not have been possible with teleconsultation, as pointed out by other authors.4 There are some limitations to this study: it was a single-centre study, with data collected retrospectively and was with a previous time series. However, the data reveal changes in healthcare provision and in the usage patterns of healthcare resources as a result of the

**Table 1** Attendance data at an Emergency Dermatology service during two study periods between 2019 and 2021.

| Parameter                        | Study period          | 14 March 2019 to 13 March 2020 | 14 March 2020 to 13 March 2021 | \( P \)  |
|----------------------------------|-----------------------|--------------------------------|--------------------------------|--------|
| Total appointments available, n  | 2122                  | 2123                           |                                |        |
| Appointments scheduled, n (%)   | 2013 (94.86)          | 1381 (64.05)                   | \( < 0.01 \)                    |        |
| Attendances, n (%)               | 1809 (89.87)          | 1319 (95.51)                   | \( < 0.01 \)                    |        |
| Absences, n (%)                 | 204 (10.13)           | 62 (4.49)                      | \( < 0.01 \)                    |        |
| Patients seen per week, mean ± SD | 34.78 (5.85)         | 25.37 (10.25)                  | \( < 0.01 \)                    |        |
| Absences per week, mean ± SD    | 3.92 (2.64)           | 1.19 (1.24)                    | \( < 0.01 \)                    |        |
| Vacant appointments per week, mean ± SD | 2.10 (2.24)       | 14.27 (9.73)                  | \( < 0.01 \)                    |        |

\( ^a \) Percentage of available appointments available; \( ^b \) \( \chi^2 \) test; \( ^c \) Student t-test.
pandemic. It would be interesting to know why those patients required urgent attention, and if these trends will continue over time or return to pre-pandemic levels.

In conclusion, we found that ED consultations remain important during the pandemic period. The observed data are consistent with those reported for the first wave of the virus in other parts of the world.

Figure 1 (a,b) Changes in the number of patients given appointments to the Emergency Dermatology services, together with the diagnosed cases of COVID-19 in the province of Seville during the periods (a) 14 March 2019 to 13 March 2020 and (b) 14 March 2020 to 13 March 2021

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References

1 Isoletta E, Vassallo C, Brazzelli V et al. Emergency accesses in dermatology department during the Covid-19 pandemic in a referral third level center in the north of Italy. Dermatol Ther 2020; 33: e14027.

2 [COVID-19 report in Andalusia] (in Spanish). Available at: https://www.juntadeandalucia.es/institutodeestadisticaycartografia/salud/COVID19.html (accessed 1 December 2020).

3 Mouchtouri VA, Agathagelidou E, Kofonikolas K et al. Nationwide survey in Greece about knowledge, risk perceptions, and preventive behaviors for Covid-19 during the general lockdown in April 2020. Int J Environ Res Public Health 2020; 17: 8854.

4 Rogers M, Wallace M, Wheless L, Dewan A. Impact of the COVID-19 pandemic on inpatient dermatology consult patterns at a tertiary care hospital: a retrospective cohort study. J Am Acad Dermatol 2021; 84: 156–8.

5 Wang R, Helf C, Tizek L, et al. The impact and consequences of SARS-CoV-2 pandemic on a single university dermatology outpatient clinic in Germany. Int J Environ Res Public Health 2020; 17: 6182.