Dear Editor,

We appreciate the efforts of all Special Interest Groups (SIG) under the aegis of IADVL Academy to publish recommendations on office-based and noninvasive procedures amidst COVID-19 pandemic. The rapidity of publishing the guidance at the peak of COVID-19 has a significant impact on dermatology practice.

Although recommendations for safe clinical practices are now in place, specific guidelines on dermatology practice were lacking at the peak of COVID-19. Many dermatologists in India don’t read international journals; hence, the efforts of various SIGs to publish such guidelines of public health importance at the earliest in an Indian journal are commendable. A dermatologist at a busy practice would always worry about continuing the outpatient practice during this alarming situation. Considering the rising number of asymptomatic patients with COVID-19, and the risk of these patients visiting dermatology clinics for preexisting skin conditions, the risk of transmitting the virus is high.[1] Encouraging telemedicine irrespective of COVID-19 status would reduce the risk of inadvertent infection by reducing office-based or inpatient consultations.[2] It would also be useful in scheduling routine follow-up appointments.

At the peak of this pandemic, it is advisable to defer all nonemergent cases or reschedule them for teledermatology consultations. However, it is not feasible with patients who have already signed up for blood product based treatments and for procedures involving microneedling, LASERs, and energy-based devices thus making it mandatory to perform these procedures with special precautions. The LASER machines might prove as fomites, while LASER plumes and surgical smoke may aerosolize and spread the virus. The SIG LASERs adequately describes guidelines for screening patients, and use of personal protective equipment (PPE) at different areas of the clinic along with other measures.[1] Criteria for selecting patients, the classification system for aesthetic procedures in the pandemic, and specific recommendations for routinely performed procedures such as platelet-rich plasma (PRP), chemical peels, and injectables by SIG Aesthetics are noteworthy.[4] SIG Dermatosurgery remarkably outlines robust disinfection strategies, measures to be followed before, during and after surgery, and also a note on emergency conditions requiring urgent dermatosurgical intervention.[2] Adapting these recommendations can surely minimize the risk of acquiring the infection for the patient and the clinic staff.

Dermoscopy is a noninvasive procedure frequently used in the dermatology examination. The dermatoscope may act as a potential source of SARS-CoV-2 transmission. However, it serves as an indispensable tool when an invasive procedure, like skin biopsy, cannot be performed.[1] Methods avoiding direct contact of dermatoscope with the skin and disinfecting it are the keys to reduce the chances of nosocomial spread associated with its use.

India contributes more than 50% of new leprosy cases globally every year. Any epidemic or pandemic can have a considerable effect on the subgroup of the population affected by leprosy. Hence, specific strategies in the management of these patients are of profound importance. SIG leprosy suggested practice guidelines for addressing these challenges in detail. These are very useful in the treatment of reactions and in preventing disabilities. It also recommends providing an additional supply of MDT to all the registered patients to minimize clinic visits.[1]

In summary, these recommendations are framed based on current evidence on COVID-19, and are very helpful for dermatologists across the country. Adopting these guidelines and recommendations in daily practice has made dermatologists more confident to deal with COVID-19.

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