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COVID-19 can present with a rash and be mistaken for Dengue

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1 COVID-19 can present with a rash and be mistaken for Dengue

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20 Dear Editor, we found the report on "What are we doing in the dermatology outpatient
21 department amidst the raging of 2019-CoV?" to be very interesting [1]. Chen et al. pointed
22 out the need for a Dermatology Department to recognize and deal with this infection. We
23 would like to share our experience from Thailand, the second country in which the COVID-
24 19 infection occurred since early January 2020 [2]. At present (5th March 2020), there are 48
25 accumulated COVID-19 cases in Thailand. Amongst these 48 cases, there was an interesting
26 case that presented with a skin rash with petechiae. Because dengue is very common in our
27 setting and petichiae rash is a common clinical finding in dengue and the patient also had low
28 platelet count, a clinical diagnosis of dengue was made by the first physician in-charge. There
29 was no photograph and biopsy was not done since because biopsy is not a routine practice
30 according to dengue clinical practice guideline in our tropical setting. The case was initially
31 misdiagnosed as dengue which resulted in a delayed diagnosis [3]. In this case, the patient
32 further presented respiratory problems and was referred to the tertiary medical center. Other
33 common virus infections that might cause fever, rash and respiratory problem were ruled out
34 by laboratory investigation and the final diagnosis of COVID-19 infection was by RT-PCR.
35 There is a possibility that a COVID-19 patient might initially present with a skin rash that can
36 be misdiagnosed as another common disease. Additionally some of these patients are afebrile
37 initially[4]. The practitioner should recognize the possibility that the patient might have only
38 a skin rash and think of this disease to prevent transmission.

39

40 Conflict of interest

41 None

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44 References

- 45 1. Chen Y, Pradhan S, Xue S. What are we doing in the dermatology outpatient
46 department amidst the raging of 2019-nCoV? *J Am Acad Dermatol*. 2020 Feb 17. pii:
47 S0190-9622(20)30268-1. doi: 10.1016/j.jaad.2020.02.030. [Epub ahead of print]
- 48 2. Yasri S, Wiwanitkit V. Editorial: Wuhan coronavirus outbreak and imported case.
49 *Adv Trop Med Pub Health Int* 2019;9:1-2.
- 50 3. Joob B, Wiwanitkit V. COVID-19 in medical personnel: observation from Thailand. *J*
51 *Hosp Infect*. 2020 Feb 27. pii: S0195-6701(20)30090-6. doi:
52 10.1016/j.jhin.2020.02.016. [Epub ahead of print]
- 53 4. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, Zhang L, Fan G, Xu J, Gu X, Cheng
54 Z9, Yu T, Xia J, Wei Y, Wu W, Xie X, Yin W, Li H, Liu M, Xiao Y, Gao H, Guo L,
55 Xie J, Wang G, Jiang R, Gao Z, Jin Q, Wang J, Cao B. Clinical features of patients
56 infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020 Feb
57 15;395(10223):497-506.