

# “We are worn out...” - A statement from a doctor working on the front line

*“Estamos esfolados...” – Frase de uma médica que atua na linha de frente no combate à pandemia do coronavírus*

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The multidisciplinary teams providing frontline care in the health services in the fight against COVID-19, and even those working a little farther back in the community as cleaning, public safety, and healthcare workers, among others, comprise a segment in which personal protective equipment (PPE) is used constantly and for prolonged periods. This use, plus frequent hand hygiene, has led to cases of irritative dermatitis due to breaks in the skin's integrity.

The mask's pressure on the face can lead to the formation of grooves that take days to disappear, excoriations on the skin from constant friction, erythematous areas that evolve to post-inflammatory hyperpigmentation, and palpebral edema adjacent to or underlying the areas under the PPE.

Observations on hands range from macerated appearance and brittle fingernails to effacement of the fingerprints due to severe eczema. Given the severe demands from this new scenario, many of these workers tolerate these problems and suffer (just a little more) in silent resilience, unaware of how to relieve this additional discomfort.

Several skincare measures can be included in the daily work routine to help minimize the signs and symptoms. (Figure 1)

a) Skin creams containing retinoic acid or alpha-hydroxy acids, vitamin C, and exfoliators should be suspended temporarily to avoid thinning and drying of the facial skin. These can be replaced with products containing moisturizing and soothing agents, available on the market as serum, lotion, or cream according to each skin type.

b) Washing of the face upon returning home from work should follow the skin hygiene criteria with soaps, since this process is essential for eliminating the virus. Soaps should have a pH

## Letters

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close to 5.0 during the bath or shower (which should not be too hot), followed by applying skin moisturizer.

c) Hair should be washed with shampoos containing surfactants from the sulphate group in the formula, for example, sodium sulphate lauryl ethyl and sodium sulphate lauryl, since they are more potent. Caution: “no poo” techniques, namely washing the hair without using shampoo (only with water), and “low poo”, using shampoos without sulphate, may not be sufficient to completely eliminate the virus.

d) In the post-bath routine, it is extremely important to use body moisturizers to replenish the lipid mantle, with the skin still moist.

e) When the skin on the face and hands has become dry or cracked, use skin moisturizing creams. The best products are those with an oilier feeling, since they will not sting the injured skin.

f) On the face, apply a generous layer on the most affected area in gentle movements with the fingertips until the cream has been completely absorbed. Products aimed at the skin's restoration, containing dexpanthenol, copper, nicotinamide, zinc, and other soothing and regenerating ingredients can be applied immediately over the moisturizer.

g) Draining massages on more intact skin can be recommended, using one of the above-mentioned creams or simple, easily accessible oils (almond, mosqueta rose, coconut). Beside relieving the edema, they help give time for patients to heal themselves, attenuating the feeling of abandonment of their own image and self-esteem.

h) Facial hygiene on the morning after can be done with a “soap-free” or syndets skin cleanser, as long as there was no risk of contamination with the virus at home.

i) Some dressings can be applied to the area supporting the eyeglasses, goggles, and mask, serving as protection or buttress and protecting the skin during their use. Available on the market are self-adhesive hydrogel polyurethane silk film tapes. Micropore tapes may injure the skin more when they are removed.

j) On the hands, moisturizing gloves can be used for about 10–15 minutes a day using the same facial moisturizing cream (oily). In cases of eczema, associate topical corticoid during this procedure or immediately afterwards.

l) During the day, whenever possible, apply milder moisturizers with a drier touch and more rapid absorption. We hope these brief tips will help prevent and treat these skin problems which are so common in the frontline workers fighting the novel coronavirus pandemic. ●



**Figure 1:** Contact dermatitis

**Acknowledgment:** photograph by Eliete Correia (UNESP-Botucatu)

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