



Unusual skin sequela post-COVID pneumonia.

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CASE DESCRIPTION

History of present illness:

36-year-old male with right sided hemiparesis post COVID pneumonia and intubation presented with nail lesions.

Background:

- **5 months prior**, COVID pneumonia complicated by acute respiratory failure with intubation, septic shock, and an intracranial hematoma.
- **CT head:** 3.8 cm left basal ganglia hematoma causing right sided weakness.
- He subsequently completed acute rehabilitation with improvement in right leg strength. At outpatient follow-up 5 months later, patient was wheelchair bound.

Physical Exam:

• Neurological exam:

Right upper extremity: spasticity, 2/5 strength

Right lower extremity: 3/5 strength.

Left upper and lower extremity: 5/5 strength, Intact sensation and cranial nerves.

• Skin examination:

Painless, white and yellow, plaque-like with noticeable thickening psoriatic-like lesions with no associated joint discomfort or pain on the nails of his right hand and both feet.

• Plan:

Podiatry and dermatology referrals for evaluation and treatment.

IMAGES

Figure 1. Skin manifestations noted in COVID-19 patients (3).

A. Chilblains:



B. Necrotic toe:



C. Livedo Reticularis:



DISCUSSION

- COVID-19 is a respiratory infection associated with multi-system complications. Reported dermatologic conditions due to COVID-19 include pernio (chilblain)-like acral lesions, exanthematous rash, livedo reticularis-like lesions, fixed livedo racemose/retiform purpura (Figure 1.), urticarial, vesicular eruptions, and multisystem inflammatory syndrome in children (1,2).
- This case is unique as our patient with no prior dermatologic condition presented with new onset psoriatic-like lesions noticed only after his COVID-19 infection and the lesions were observed on the hemiparetic side on his fingernails and bilaterally on his toenails.

CONCLUSIONS

A COVID-19 related dermatologic condition may include psoriatic-like lesions on the nails and toes.

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