

## ‘Putting a foot in it’: a case of COVID foot in an acute medical setting

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A 60-year-old man was admitted to intensive care with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. He had a medical history of virally suppressed HIV and multiple sclerosis.

Sixteen days post-symptom onset, the patient developed a painful left foot. Erythema and oedema were noted, with chilblain-like lesions localising to the second metatarsal phalanx (**Figure 1**). Pedal pulses were intact. Bloods showed a mildly elevated erythrocyte sedimentation rate and normal serum urate level. Radiography did not show evidence of osteomyelitis. Despite a normal serum urate, following discussion with rheumatology a trial of colchicine was commenced with symptoms fully resolving at 6 weeks post-discharge.



**Figure 1.** The dermatological manifestations of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) with chilblain-like lesions localising to the second metatarsal phalanx and the talus.

These findings are consistent with cutaneous manifestations of SARS-CoV-2 described in the literature (Galván Casas et al, 2020; Zhao et al, 2020; Hubiche et al, 2021). Similar ‘pseudo-chilblains’ were characterised by Galván Casas et al (2020) with acral erythema and vesicles or pustules, occurring later in the SARS-CoV-2 disease course and most common in younger patients. Hubiche et al (2021) suggested that these lesions are more likely to occur in mild disease and relate to a viral-induced type I interferonopathy. This case emphasises the relevance of dermatological manifestations of SARS-CoV-2 in older hospitalised adults with existing comorbidities.

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