



Letters to the Editor

One world, one health: The novel coronavirus COVID-19 epidemic[☆]**Un mundo, una salud: la epidemia por el nuevo coronavirus COVID-19**

To the Editor:

We have read the magnificent editorial by Trilla A. recently published in your journal on the coronavirus COVID-19 epidemic.¹ We understand that the author's intention, as a specialist in preventive medicine and epidemiology, has not been to review the different clinical aspects of SARS-CoV-2 infection, regarding which we are sure that there will be plenty of time to write extensively about it in the coming months in this prestigious publication, as well as about the different treatments used. But what can be inferred from its reading, especially by readers who are not involved in the diagnosis, clinical monitoring and treatment of this disease, is that it is a purely an infectious disease, which basically produces a viral condition that can be complicated by a more or less severe pneumonia with respiratory distress, and whose treatment is based on the use of antiviral drugs. Nothing could be further from the truth. From a clinical point of view, the clinical manifestations can be truly diverse, and could practically involve any system or organ of our anatomy.^{2–4} From a therapeutic point of view, and with the idea of preventing another very serious complication of this infection, such as a cytokine storm syndrome, besides the use of antivirals, the use of immunomodulatory and immunosuppressive drugs is essential.⁵

Therefore, SARS-CoV-2 infection represents, in our opinion, the paradigm of a systemic disease, with an infectious trigger, in this

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Pityriasis rosea Gibert type rash in an asymptomatic patient that tested positive for COVID-19[☆]**Erupción tipo pitiriasis rosada de Gibert en una paciente asintomática con positividad para COVID-19**

Dear Editor:

The emergence of the pandemic caused by the new coronavirus (COVID-19) has challenged not only the most organized health

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case, the virus, and an immune response with systemic manifestations, which requires the use of an immunosuppressant treatment.

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systems, but also well-established medical concepts. The high spread of the virus is partly due asymptomatic or oligosymptomatic infected subjects.¹ In this context, new symptoms of COVID-19 are beginning to be described, particularly outside the respiratory domain, mainly otolaryngological² and cutaneous.³ Therefore, knowledge of these manifestations becomes almost compulsory, thus increasing the number of symptoms aimed at achieving a more accurate level of suspicion, in order to increase the detection and early implementation of effective isolation measures in the population.

We report the case of a 19-year-old woman, non-smoker, or drinker, with a personal history of rhinitis and seasonal asthma, atopic dermatitis during childhood and an isolated episode of acute anterior uveitis. She was not undergoing any treatment on a regular