

An Unforeseen Hazard of Masks Being in Vogue

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A 32-year-old man presented with a painful lesion on his upper lip since two days before. He recently started wearing a surgical mask at work for more than 6 hours a day (Fig 1). He had a history of infrequent acneiform eruptions in the upper half of his face. Examination revealed an erythematous papule on the vermilion border of the upper lip.

What is your diagnosis?

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Maskne

A*cne mechanica* in the COVID-19 pandemic, colloquially known as “maskne,” is a variant of facial dermatosis seen in areas with friction from use of masks, respirators, and personal protective equipment (PPE).¹ Increased levels of interleukin-1 α , produced by friction, are implicated in the pathogenesis of this disease.² Maskne is a broad umbrella term that may not be associated with acne *per se*; it also includes other facial lesions caused by using PPE. PPE are usually used by workers with specific occupations. However, with the COVID-19 pandemic spreading throughout the world, the use of PPE has now become prevalent.³ This dermatological condition, although previously seen only in occupational health practice, has now become quite common so that it might be missed by the uninitiated. It may be seen as a flare of acne in patients who have a history of *acne vulgaris*, but can also present *de novo* as solitary lesions or other facial dermatoses. It is frequently seen in both health care workers and the general population, especially in areas that are atypical for *acne vulgaris*. Certain areas like lips can be particularly sensitive to the problem. Important differentials over lip include herpes simplex, traumatic folliculitis, cheilitis, and perioral dermatitis. Most cases are resolved by limiting exposure and friction; persistent or severe cases may be treated on the lines of *acne vulgaris*.⁴

Apart from *acne mechanica*, other forms of PPE-related skin damage are also frequently reported. These include dryness, eczema, desquamation, and maceration. Nasal bridge, hands, cheeks, and forehead are common areas for PPE-related skin damage.⁵ Risk factors include older age, prior skin disease, long hours of PPE usage, improper sizing, fitting or tighter PPE, and use of adhesive tapes. Avoiding

continuous usage of masks for more than 6 hours is recommended; use of moisturizers and face wash both before and after wearing PPE are also beneficial. Use of protective dressings and alcohol-free liquid skin protectants can help reduce damage at pressure sites.⁶

In our patient, the lesion was associated with friction over lips from prolonged use of a surgical mask, as evidenced by areas of wear on the mask (Fig 1). The lesion was associated with inflammation of Fordyce spots over lip causing folliculitis. Even though the lesion does not classically fit under the description of acne, the frictional effects of PPE can explain the inflammation of Fordyce spot. The lesion was resolved with advice regarding switching to a different type of mask, changing masks when worn for prolonged periods and using a face wash twice a day.

Conflicts of Interest: None declared.

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