

Dr Dana Slape
Dermatologist
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20/10/2023

Dr Svitlana Saburova
Conder Medical & Dental Centre
3/3 Sidney Nolan
Conder 2906
Phone: 6294 9366
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Dear Svitlana,

Re: Mr Romen Savesk

DOB: 06/01/1987

You will recall that Romen and I met for the first time in mid-September regarding a rash that he had photodocumented that was annular erythematous/tan patches with a subtle violaceous hue that had arisen in approximately 20 different locations over two years, which he attributes to the COVID vaccination. He had been advised that I would be delighted to see him at short notice should a new lesion arise. He contacted the practice to advice that he had a new lesion and we were able to fit him in for review. The punch biopsy site had healed up well and has shown a histological diagnosis of pigmented purpuric dermatosis with the most likely clinically relevant subtype being pigmented purpuric dermatosis of Majocchi. There is one case report that I can find in the literature of pigmented purpuric dermatosis arising after mRNA COVID vaccine administration written by Dr Atak et al from the Journal of Cosmetic Dermatology in February 2022. I explained to Ro the limitations of case reports, particularly in a journal of this impact factor. Regardless, Ro was very relieved to be validated that somebody else has experienced these kinds of skin changes. I have explained that it is not going to be possible for me to draw a clear and confirmatory conclusion about whether or not this was triggered by his COVID vaccination. I have explained to Ro that I have seen many patients with pigmented purpuric dermatosis that have no temporal association with any other illnesses, medications, vaccinations, or systemic illness and it can often be idiopathic.

Given that, this is an asymptomatic change and it is in its resolution phase, I have not recommended any specific treatment, but Ro does report it previously has not been responsive to Advantan Fatty Ointment. If it does recur, there is no harm in trialling Advantan Fatty Ointment again. However, I suspect these lesions will heal like the others he has had, should they arise again and really have not been the main source of disability for him. I would be more than happy to see Ro again, should there be any new or different skin changes of concern. I have encouraged Ro to continue to consider rehab physicians, psychology, allied health, and getting in touch with the Long-COVID Clinic at St Vincent's Hospital to see if they will be able to accommodate reviewing him in the context of his multisystem illness that is causing a considerable impact on his quality of life.

I am happy to return Ro to your expert care. Many thanks for involving me and I will return him to yours.

Many thanks for involving me in his care.

Warmest regards,

Dr Dana Slape
MBBS (Hons), FACD
Specialist Dermatologist

cc: St Vincent's Multidisciplinary Long COVID Clinic
cc: Canberra Immunology
cc: Dr Ahmed Khan, Private Cardiologist, Canberra
cc: Dr Melissa McCann, COVID-Related General Practitioner
cc: Dr Zhai, Neurologist, Canberra
cc: Dr Robert Boland-Freitas, Neurologist

Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8661805/>
Pigmented purpuric dermatosis BNT162B2 mRNA COVID vaccine administration Dr Atak at L Journal of
Cosmetic Dermatology February 2022; 21 (2):435-437.

SAVESK, ROMEN
6/114 BARR SMITH AVE, BONYTHON. 2905
Birthdate: 06/01/1987 **Sex:** M **Medicare Number:** 2646643926
Your Reference: 0072716 **Lab Reference:** 23-25131817-PWK-0
Laboratory: Kossard Dermatopathologist
Addressee: DR DANA SLAPE **Referred by:** DR DANA SLAPE

Name of Test: PWL HISTOPATHOLOGY (PWK-0)
Requested: 05/10/2023 **Collected:** 06/10/2023 **Reported:** 09/10/2023 14:06

DERMATOPATHOLOGY REPORT
ACCESSION No. KD23-058672

CLINICAL NOTES

Left thigh- bx of annular patch on thigh ? Lichen aureus ?
Pt has a hx of Covid vaccine multisystem injury

MACROSCOPIC EXAMINATION

"Left thigh": A punch of skin, 4 x 6 mm. 2P1BSAE. (KT)

MICROSCOPIC EXAMINATION

Skin sections show an epidermis which is covered by a laminated stratum corneum. The underlying dermis shows superficial perivascular and interstitial lymphocytic inflammation. Focal red cell extravasation is present. PAS stains are negative for fungi. Haemosiderin pigment is not present.
(sm)

SUMMARY

LEFT THIGH: SUPERFICIAL PERIVASCULAR AND INTERSTITIAL LYMPHOCYTIC INFLAMMATION WITH FOCAL RED CELL EXTRAVASATION.

COMMENT

The pathology would be consistent with a pigmented purpuric dermatosis but not characteristic for lichen aureus. A superficial annular erythema may give this pattern.

Thank you for referring to Kossard Dermatopathologists.

Reported by: Professor Steven Kossard

Validated by: Professor Steven Kossard; 09/10/2023

Ph 02 90057441

Requested Tests : PWK