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Work-related skin diseases of Santa Claus

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Editor

The health of Santa Claus (SC) and work-related risks have been discussed on very few occasions in the medical literature.^{1,2} We believe that due to his unique line of work, the skin of SC is peculiarly at risk and SC may be exposed to various work-related cutaneous hazards (Table 1).

According to Finnish folklore, SC currently lives and mainly works during the year in Korvatunturi (literally 'Ear fell') in Finnish Lapland.³ Due to his skin complexion and life above the Arctic Circle, he may suffer from facial dry skin, sensitive skin, rosacea and features of skin ageing (helioderma, actinic keratoses). Exposure to cold during long Finnish winter may be associated with various cold-associated conditions such as chilblains, cold urticarial or cold panniculitis. Besides during winter, daylight exposure is extremely small in Lapland. Due to increased work overload with Christmas activities and gift preparations, SC is certainly exposed to high amount of stress, in December especially. Those combined factors may make SC prone to seborrhoeic dermatitis.^{4,5}

Extreme temperatures, whether they are cold under northern latitudes as well as while flying at high altitude, or high when close to the equator, may expose to frostbites, sunburns/strokes and intense sweating (as he does not change his particularly thick clothes during his worldwide travel). Indeed, SC's work outfit (red coat with white fur collar and cuffs, white-fur-cuffed red trousers, red hat with white fur and black leather belt and boots) appears well-suited for northern countries but most likely responsible for an increased sweating and maceration when in southern areas. Exposure to cosmic radiations increases risk of skin cancers as showed in air flight pilots and in-flight stewards/hostesses.⁶ Besides, we wish to remind that using houses chimney to get in and out the house exposes to squamous cell carcinomas of the scrotum.⁷

Santa Claus is involved in reindeers herding. He may be exposed to various complications as any herder: reindeer bite, infection (poxvirus), contact allergy to reindeer epithelium.⁸

Santa Claus is also in contact with children as he may visit them in hospitals during Christmas time.⁹ Even though he may have immunity against viral infections, non-immunizing viral infections and impetigo are possible. We failed to find in the biomedical literature and historical archives his exact vaccination status. We are not aware of any disease that could be transmitted from elves to men, but such infections cannot be ruled out.

We remind rapidly some of the other work-related diseases for this patient such as musculoskeletal diseases (i.e. rotator cuff syndrome or epicondylitis) and sciatic nerve injuries in relation to transportation and manual handling of all presents for all children all over the world. Sleep discomfort during a subsequent voluntary sleep deprivation and jet lag during the December 24–25th gift distribution or thrombophlebitis due to sitting during long sledge flight between continents.³

The skin of SC may present specific features related to his specific work and way of life in Finnish Lapland. SC should consult at least once a year a dermatologist to discuss skin cancer prevention and get proper advices regarding skin care. The daily use of an emollient for skin moisturizing and sensitive skin is warranted. Besides, even it could be difficult, relocation to another working place to avoid extreme cold temperatures could be considered.

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Table 1 Possible occupational skin disorders affecting Santa Claus

Santa Claus's background
<ul style="list-style-type: none"> • Sensitive skin, dry skin • Rosacea • Skin ageing: ageing, sun, tobacco • Actinic keratoses, premalignant lesions
Work-related stress
<ul style="list-style-type: none"> • Seborrhoeic dermatitis
Exposure to cold and extreme low temperature
<ul style="list-style-type: none"> • Chiblains • Frostbite • Cold panniculitis • Raynaud phenomenon • Cold urticaria
Exposure to heat and extreme low temperature
<ul style="list-style-type: none"> • Increased sweating/hyperhidrosis • Sunburn • Sunstroke
Exposure to cosmic radiations
<ul style="list-style-type: none"> • Basal cell carcinoma, squamous cell carcinoma, melanoma
Exposure to soot
<ul style="list-style-type: none"> • Scrotum (Chimney sweep's) carcinoma
Clothing
<ul style="list-style-type: none"> • Intense sweating and sweating-related diseases (folliculitis, intertrigo, Grover's disease..) • Intertrigo of the folds • Toenail dystrophies (boots)
Contact with children
<ul style="list-style-type: none"> • Infections (impetigo, viral infections)
Contact with reindeers ⁴
<ul style="list-style-type: none"> • Reindeer bites • Poxvirus infection • Allergy
Contact with elves
<ul style="list-style-type: none"> • Elves to men transmitted diseases (?)

Donovanosis in migrants: a clinical case series in an Italian dermatological hospital

Editor

Small epidemics of Donovanosis have recently occurred in Europe, mainly because of the growing migratory trend to this area.^{1,2} To investigate the burden of Donovanosis in migrants, we performed a retrospective analysis of the clinical records of the patients diagnosed with Donovanosis at the San Gallicano Dermatological Institute IRCCS of Rome, Italy, from January 2006 to December 2015.

Diagnosis was considered definitive if obtained on (i) tissue smears by Rapid-Diff Giemsa staining and/or (ii) bioptic specimens with evidence of Donovan bodies.³⁻⁶ Twenty-one cases were confirmed, 13 of which (62.0%) observed in the last 4 years. Socio-demographics of the patients, and the affected anatomical area, are summarized in Table 1. Most patients were males (81.0%) and, except for one Italian, came from nonEuropean countries (95.2%). HIV-1 antibodies were detected in four subjects (19.0%), all men. Tests for Treponemas, Chlamydia trachomatis, Haemophilus ducrey, Koch bacillus, HSV1 and HSV2 were negative in all cases. All patients presented ulceration in the ano-genital area. Ulcers appeared after a trip to the country of origin for 16 patients; in three cases, they had been present for at least 1 year. The incubation period could only be estimated for the Italian patient, that is 4–6 weeks (foreigners either denied recent sexual contact or had long-standing ulcerations). Only in the case of the Italian patient, two recent sexual partners were examined for possible lesions; clinical examination was negative.

The majority of the ulcers were ulcero-granulomatous lesions (16, 76.0%), filled with exuberant granulation tissue that bled easily (the characteristic beefy appearance, Fig. 1a, b). Hypertrophic and sclerotic ulcers (Fig. 1c) were observed

Table 1 Socio-demographic data, STI diagnoses and lesion localization for the patients diagnosed with Donovanosis at the San Gallicano Dermatological Institute IRCCS of Rome, Italy, between January 2006 and December 2015

Characteristic	
Age in years, median (range)	22 (18–38)
Sex, <i>n</i> (%)	
Male (81.0)	17
Female (19.0)	4
Country of origin, <i>n</i> (%)	
Bangladesh	5 (23.8)
Caribbean	1 (4.8)
Eritrea	3 (14.3)
Ethiopia	3 (14.3)
India	4 (19.0)
Italy	1 (4.8)
Morocco	4 (19.0)
STI diagnosis, <i>n</i> (%)	
HBV	5 (23.8)
HCV	3 (14.3)
HIV	4 (19.0)
no STIs	9 (42.9)
Lesion localization, <i>n</i> (%)	
Anus	4 (19.0)
Cervico-vaginal	3 (14.3)
Cervico-vaginal and labia minora	1 (4.8)
Penis	13 (61.9)

HBV, hepatitis B virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; STI, sexually transmitted infections.