

# Dermatological Manifestations Related to EWE Such as Floods, Wildfires, and Extreme Heat

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## Description

The greatest threat to global health this century is climate change. Greenhouse gases have built up in Earth's atmosphere since the 1880s. The primary cause of warming is radiation forcing caused by these gases produced by humans. Surface temperatures are 1.15 °C higher on average than they were in the 1880s. Extreme Weather Events (EWE) like floods, wildfires, and extreme heat are thought to be worsening as a result of climate change. Future health effects will be devastating if mitigation efforts fail to limit global temperature rise to 1.5 °C. Recognizing the effects of climate change is essential for health professionals because it is a global health crisis. The skin is an enormous and intricate organ that acts as the body's primary interface with the outside world and plays important roles in the sensory, thermoregulatory, barrier, and immune systems. As a direct consequence of this, numerous skin manifestations of climate change are observed. We focus on climate-sensitive dermatoses exacerbated by floods, wildfires, and extreme heat in this review, which summarizes the broad dermatological implications of Extreme Weather Events (EWE).

## Most Common and Destructive Natural Disasters

As a foundation for patient education, early treatment implementation, and improved disease outcomes, the objective is to provide dermatologists and general practitioners with a comprehensive overview of extreme-weather-related skin diseases. Additionally, it is anticipated that climate change will exacerbate existing health disparities. Climate-related effects are especially harmful to children, pregnant women, the elderly, and people with mental health issues, racial or ethnic minorities, low-income people, and migrants. As a result, a just and equitable focus on resiliency and adaptation must be given to the disproportionate effects of climate change on dermatological conditions in these populations. The most common and destructive natural disasters are hydrometeorological events. According to meteorological data, climatic changes like global warming are probably to blame for the rising frequency of disastrous floods. The planet has warmed

as a result of higher concentrations of greenhouse gases in the atmosphere, which has increased ocean evaporation and fueled tropical cyclones and storms. Storms and flooding are becoming more frequent and severe around the world as a result. As a result of anthropogenic climate change, frequent heavy precipitation events, increased catchment wetness, and rising sea levels are predicted to increase coastal and inland flood risk in the future. Idyllic flood risk is predicted to significantly raise in parts of Southeast Asia, east Africa, India, and the South American Andes. One of the most common natural disasters is flooding, which poses a significant threat to public health systems everywhere. Traumatic injuries, communicable diseases, chemical exposures, malnutrition, and mental health disorders all rise dramatically during and after a flood, while care is scarce. Flood-related cutaneous disease is exacerbated by these consequences, which have dermatological manifestations. Flood victims typically sustain wounds when they come into contact with submerged debris, cling to vegetation and trees, or climb structures to escape floodwaters. Additionally, sewage, animal waste, and organic matter end up in flood waters because agricultural runoff and erosion increase during floods, overburdening municipal wastewater systems. These, in turn, are the source of numerous typical and atypical cutaneous infections. Thus, the topographical locale impacted, pathway and size of flooding, saltiness of floodwater, and endemic nature of potential illnesses make an interesting ecological milieu, eventually deciding the particular sorts of cutaneous irresistible sicknesses noticed and the general wellbeing effects of these occasions. Since contaminations present in much the same way, recognizing specialists by means of microbiological examination is ideal.

## Dermatological Conditions that are connected to Both the Primary Effects of Climate Change on the Skin and the Secondary Effects of EWE

Extreme hydrologic events, on the other hand, frequently disrupt access to these services, particularly in resource-constrained locations devoid of a robust healthcare

infrastructure. As a result, it may be impossible to isolate and cultivate pathogens in a laboratory, highlighting the significance of maintaining a high clinical index of suspicion for these infections in the days and weeks following floods. We look at the most frequently observed infections to help raise clinical awareness of these entities. The report came to the conclusion that U.S. national security and foreign policy, including the defense of strategic interests, international relationships, and resource competition, will be influenced by both climate change threats and global efforts to address them. Long-term psychological effects are common among victims of natural disasters due to the collective traumatic effects of losing loved ones and possessions, unstable housing, and a lack of access to health care services. Direct traumatic stress responses like grief, insomnia, post-traumatic stress disorder, and anxiety disorders are the mental health manifestations of EWE. Indirect secondary stressors like resource scarcity, forced migration, and/or rebuilding during the recovery phase after a disaster can also result in more chronic mental health disorders. Floods, wildfires, and extreme heat events are becoming more frequent and more

severe, all of which pose a serious threat to the skin health of people all over the world. Exacerbation of inflammatory conditions and the spread of bacterial, fungal, viral, and vector-borne infections are frequent themes. This article discusses dermatological conditions that are connected to both the primary effects of climate change on the skin and the secondary effects of EWE, such as the proliferation of insects, population displacement, inadequate infrastructure for sanitation and hygiene, and restricted access to health services. A comprehensive strategy that takes into account social, environmental, physiological, and pathologic factors in relation to local or regional climate impacts will be necessary to reduce the dermatologic health risks associated with EWE. To better understand the connection between EWE and particular dermatological conditions, epidemiological studies with a greater spatial and temporal scope are required. As a result, public health, clinical practice, research, and public policy should pay more attention to the effects of EWE on the prevalence and severity of these conditions.