Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

evaluated separately.[4] A recent paper reported that acute cardiac injury and heart failure in addition to the acute lung injury may be responsible for severe illness with a high mortality. Interestingly, mortality rate was almost similar in patients with or without history of hypertension.[5] A sudden withdrawal of ACE inhibitors has been discouraged as this action may result in clinical instability. At present there is scarce data to support any change in practice.

Until further data are available, we should continue captopril to treat stone disease associated with cystinuria. This position is in line with other association and society guidance (Renal Association, UK and European Society of Cardiology).

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References

1. Biyani C, Cartledge JJ. Cystinuria—diagnosis and management. *EAU-EBU Updates Ser.* 2006;4:175–183.
2. South A, Tomlinson L, Edmonston D, Hiremath W, Sparks M. Controversies of renin-angiotensin system inhibition during the COVID-19 pandemic. *Nat Rev Nephrol.* 2020. https://doi.org/10.1038/s41581-020-0279-4.
3. Tai W, He L, Zhang X, et al. Characterization of the receptor-binding domain (RBD) of 2019 novel coronavirus: implication for development of RBD protein as a viral attachment inhibitor and vaccine. *Cell Mol Immunol.* 2020. https://doi.org/10.1038/s41423-020-0400-4.
4. Guan W, Ni Z, Hu Y, et al. Clinical characteristics of coronavirus disease 2019 in China. *N Engl J Med.* 2020. https://doi.org/10.1056/NEJMoa2002032. 3. published online Feb 28.
5. Chen T, Wu D, Chen H, et al. Clinical characteristics of 113 deceased patients with coronavirus disease 2019: retrospective study. *BMJ.* 2020;368:m1091. https://doi.org/10.1136/bmj.m1091.

https://doi.org/10.1016/j.urology.2020.04.057
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Asymptomatic COVID-19 Infection in a Patient Evaluated for Ureteric Colic: Radiological Findings and Impact on Management

Dear Editor,

Though no specific urologic manifestations of COVID-19 are recognized, it is important that urologists be aware of potential asymptomatic infection in patients presenting with urologic pathology.

A 31-year old lady with a history of cystinuria presented to a UK hospital with isolated right loin pain. No respiratory symptoms, fever, or signs of sepsis were noted. She was assessed as a nonsuspected COVID-19 case and a noncontrast CT kidney, ureter, bladder (KUB) was arranged. The CT identified a distal 10 × 6 mm right ureteric stone causing hydronephrosis (Fig. 1A). At the base of her right lung, numerous foci of ground-glass appearances were noted, suggestive of COVID-19 (Fig. 1B). She was isolated on a COVID-19 ward and a ureteric stent was inserted under spinal anesthesia the following day with full personal protective equipment (PPE). Ureteroscopy and stone fragmentation was not undertaken to reduce operative time, whilst spinal anesthesia avoided the need for ventilation with its attendant risks of respiratory compromise and aerosol generation. She was discharged the same evening with a plan for definitive stone surgery in several weeks' time. A subsequent nasopharyngeal swab test was positive for COVID-19 and she was instructed to self-isolate.

Although, common symptoms of COVID-19 include fever and dry cough, positive cases can be asymptomatic. Analysis of 112 positive cases from the "Diamond Princess" cruise ship revealed that 73% were asymptomatic, of whom 54% had lung opacities on CT.[1] PPE protocols vary widely, with some centers restricting PPE to those approaching suspected or confirmed cases only. Since COVID-19 may not give rise to respiratory symptoms or fever, a strong argument can be made that all those attending the emergency department or acute assessment units with other presenting complaints be assessed as "possible" cases until proven otherwise.

A proportion of asymptomatic COVID-19 patients are identified through investigation for other presenting complaints. A noncontrast CT KUB to investigate suspected ureteric colic will usually include the lung bases. In most situations, scan images are available prior to a radiologist report and clinical decision making is based upon self-reporting by urologists. It is therefore imperative that urologists pay close attention to ground-glass changes in the lung bases when interpreting a CT KUB to identify signs of COVID-19.

Non-steroidal anti-inflammatory steroids (NSAID) increase renal angiotensin-converting enzyme 2 receptors which are bound by severe acute respiratory syndrome-CoV-2, and are hypothesized to increase the risk of developing severe COVID-19.[2,3] However, there is no convincing evidence that NSAIDs can worsen or increase the risk of COVID-19, and the WHO do not recommend against the use of NSAIDs of ureteric colic.[4]

Recent evidence suggests a high rate of postoperative mortality in COVID-19 patients undergoing surgery. In a study of 34 patients, postoperative intensive care admission was 44.1% and mortality rate was 20.5%. This was related to postoperative acute respiratory distress syndrome in 60.0%.[5] This emphasizes the need for timely recognition of asymptomatic COVID-19 patients presenting with other pathology, so that as in presented case, surgical

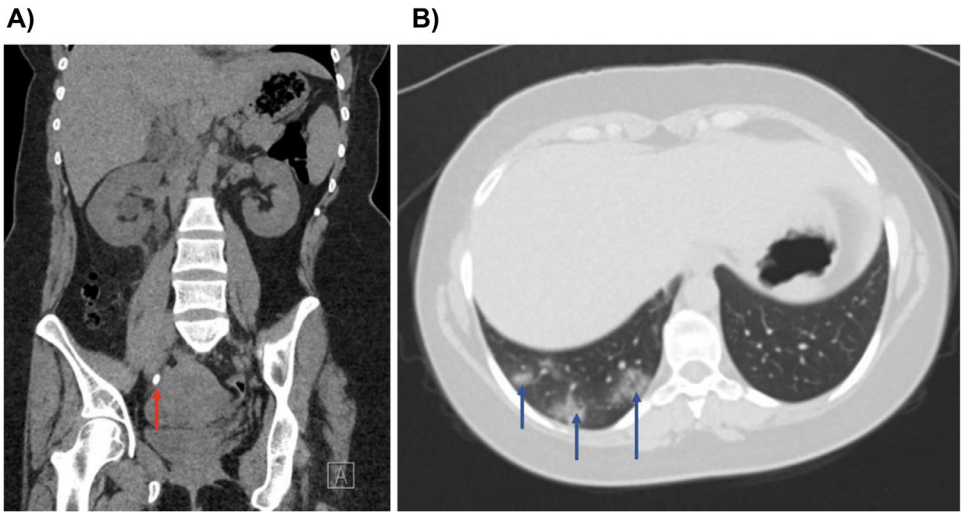

Figure 1. CT images of (**A**) right distal ureteric stone (red arrow); (**B**) ground-glass appearance in right lung base (blue arrows). (Color version is available online.)

and aesthetic approaches can be modified to mitigate risk to patients and the healthcare team.

CONFLICT OF INTEREST

None.

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References

1. Inui S, Fujikawa A, Jitsu M, et al. Chest CT findings in cases from the Cruise Ship "Diamond Princess" with coronavirus disease 2019 (COVID-19). *Radiol Cardiothorac Imaging*. 2020;2:e200110.
2. Zou X, Chen K, Zou J, Han P, Hao J, Han Z. Single-cell RNA-seq data analysis on the receptor ACE2 expression reveals the potential risk of different human organs vulnerable to 2019-nCoV infection. *Front Med*. 2020:1–8. https://doi.org/10.1007/s11684-020-0754-0. Online ahead of print.
3. Fang L, Karakiulakis G, Roth M. Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? *Lancet Respir Med*. 2020;8:e21.
4. Pradere B, Ploussard G, Catto JW, Roupret M, Misrai V. The use of nonsteroidal anti-inflammatory drugs in urological practice in the COVID19 era: is "Safe Better than Sorry"? *Eur Urol*. 2020. https://doi.org/10.1016/j.eururo.2020.03.033. Online ahead of print.
5. Lei S, Jiang F, Su W, Chen C, Chen J, Mei W, et al. Clinical characteristics and outcomes of patients undergoing surgeries during the incubation period of COVID-19 infection. *EClinicalMedicine*. 2020 100331. https://doi.org/10.1016/j.eclinm.2020.100331. Online ahead of print.

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It's All Relative: Assessing Online Search Interest in Genitourinary Cancer Awareness Campaigns

To the Editor:

Patel and colleagues measured the Google Trends relative search volume (RSV) of prostate, testicular, and breast cancers to evaluate the success of men's health awareness campaigns to generate online interest. Based on significantly higher RSV for "breast cancer" during breast cancer awareness month relative to male cancers, they suggest that men's health awareness campaigns did not increase online search interest in prostate and testicular cancer. While we support using RSV to characterize online search patterns, we believe the conclusions about the failure of men's cancer awareness campaigns warrant additional context.

Google Trends has become a popular research tool to assess internet search volume as a proxy for public interest in diverse conditions, including in urology.[1-3] Although Google Trends is a vast, easily accessible, and cost-free repository of population-based data, its inherent limitations are important and relevant to the present study. First, "big data" obtained through Google Trends is insensitive. As a purely relative measure of online search traffic, RSV cannot characterize who (eg, patients, clinicians, computer algorithms) is actually querying the search engine or for what purpose (eg, personal health information-seeking, patient and condition advocacy, interest motivated by awareness campaigns). As a consequence, in its current form Google Trends data may be used for hypothesis generation and descriptive purposes, but causal relationships cannot be directly tested.[3-5] In addition, studies using RSV are typically unable to assess whether online searches resulted in