



Letter

Can we operate our patients without fear during the period of COVID-19 infection?

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We read the paper by Shaoquin LEI and colleagues [1] with great interest. The authors reported 34 patients in whom the infection was revealed after surgery was performed. In this group of patients 15 (44.1%) needed ICU care and 7 (20.5%) died. This retrospective cohort study is the first one to describe the outcome of operative patients with SARS-Cov-2 infection.

This study seems to confirm that adding surgical stress to a Covid-19 patient, or conversely developing this infection in an operated patient, may be deleterious in patients undergoing major surgery. All the reported patients have been operated in 4 hospitals during the early stage of COVID-19 epidemic in Wuhan. This situation is probably the worst because these patients underwent surgery in an extremely active cluster, at the very beginning of the epidemic without any preventive measure. The mortality rate reported in this study is extremely high; however this rate taken alone is not very informative. We contacted the authors to find out how many patients had undergone surgery during the same period. They told us that around 15,000 patients had been operated on in the 4 hospitals from January 1 to February 5, 2020. For the entire population of operated patients, the infection rate is 0.22%, the mortality rate related to covid-19 infection is 0.046% and 0.1% of patients needed ICU care. We need confirmation of this information by the authors. The authors must also provide a flowchart detailing the number of patients in each group (surgical difficulties) and the related rate of infection, mortality and hospitalization in intensive care.

These information's are important because simple measures such as wearing a mask, screening before hospitalization and quarantine 14 days before surgery could be sufficient to operate on patients safely. However, a question arises: should or can we go further in the detection of asymptomatic cases to avoid surgery on infected patients?

In the symptomatic patient, the sensitivity of the computed tomography and the RT-PCR was 98% and 71% respectively [2]. There is currently very little data on the results of these examinations in asymptomatic patients. In a recent study, 337 asymptomatic patients were detected by RT-PCR and none of them was found positive [3]. Zhang et al. [4] reported CT characteristics of SARS-CoV-2 pneumonia in 16 asymptomatic patients. At this date, we do not have the useful examinations to propose this intensification of screening. In addition, this route is costly, resource intensive and adds pressure to a hospital system already under strain.

Declaration of Competing Interest

All authors declare that they have no conflicts of interest. There was no funding source for this study.

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