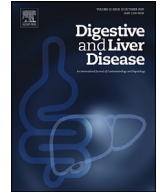




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## Correspondence

**Fecal calprotectin and RT-PCR from both nasopharyngeal swab and stool samples prior to treatment decision in IBD patients during CoVID-19 outbreak.**


Dear Editor,

It is with great interest that I read the publication of F. Zingone et al. recommending screening for active coronavirus disease 2019 infection (CoVID-19) and immunization status prior to biologic therapy in inflammatory bowel disease (IBD) patients at the time of the pandemic outbreak [1]. As the authors suggest, the screening of CoVID-19 positive cases is mandatory in the management of IBD patients even when presenting symptoms are exclusively digestive. However, the screening should not be limited to swab or throat samples. Viral RNA was detected in feces of asymptomatic patients and in confirmed cases even after respiratory recovery [2]. Reverse transcriptase– polymerase chain reaction (RT-PCR) test in stool samples should be included in the suggested pre-biologic screening (Table [1]). It would reduce the risk of oral-fecal contamination and allow protecting healthcare professionals (gastroenterologists and nurses) in case urgent colonoscopy is indicated.

Another parameter to be seriously considered prior to treating IBD patients during CoVID-19 outbreak is fecal calprotectin level. The point is that diarrhea related to CoVID-19 can be wrongly considered as an IBD flare leading to an unsuitable therapeutic strategy with the possibility of progression of CoVID-19 [3]. Since objective endoscopic evaluation of mucosa is not easily feasible in this context, fecal calprotectin will help to distinguish between an IBD relapse and a digestive presentation of CoVID-19 [4].

Fecal calprotectin and RT-PCR assays from both nasopharyngeal swab and stool samples should be systematically performed to address decision making when treating IBD patients in the context of CoVID-19 outbreak but also during the following lockdown ease period.

**Declaration of Competing Interest**

None declared.

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