



# Response to: Management of Traumatic Spinal Fracture in the Coronavirus Disease 2019 Situation

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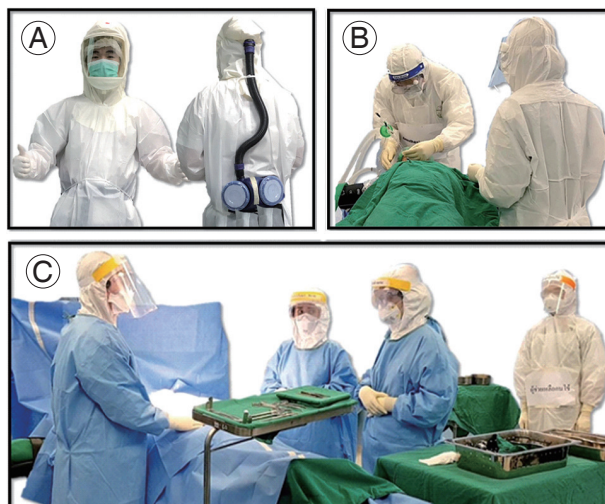
Dear Sir,

We appreciate the letter regarding our manuscript titled “Management of traumatic spinal fracture in the coronavirus disease 2019 situation [1].” We would like to thank the reader/s for reading our article. Our reply to the comment is as follows:

Comment: “I read your paper in the Asian Spine Journal. I found your paper very interesting and your algorithm very informing. I am wondering what your institute uses specifically for “full personal protective equipment (PPE)” for the high risk patients, i.e., National Institute for Occupational Safety and Health-approved (N95) respirator, face shield, etc.”

Our reply: In this review article, the authors concluded that an algorithm could help make decisions about surgical interventions for spine injuries in patients who are at risk for coronavirus disease 2019 (COVID-19) to prevent surgeons and nurses from contracting the virus. In this situation, where the health care professionals are in contact with a high-risk patient, the surgeons and nurses could use full PPE suits (Fig. 1A). The authors recommended full PPE that is composed of fluid-resistant legs with shoe coverings, goggles, safety glasses, a face shield, a double layer of gloves, and a surgical mask that can be

used with a standard N95 respirator [1]. A standard N95 respirator protects the wearer from exposure to airborne particles (e.g., dust, mist, fumes, fibers, and bioaerosols, such as viruses and bacteria) or respiratory system [2]. An impermeable gown that covers from the neck to at least the mid-thigh is the standard Centers for Disease Control and Prevention guideline [3,4].



**Fig. 1.** The operative trailer: the health care professional uses a full PPE suit (A), airway management by anesthesiologists (B), and intraoperative standard with full PPE according to Centers for Disease Control and Prevention guidelines (C). PPE, personal protective equipment.

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For a high-risk patient who needs emergency spine surgery, the surgeon could co-manage the airway with the anesthesiologists [5] and the COVID-19 team [1] (Fig. 1B). The operative room should be prepared with full PPE and a standardized surgical suit (Fig. 1C), and a postoperative isolation room or isolation surgical intensive care unit should be used.

The authors want to establish a prototype to help protect health care professionals [1]. The authors preferred that this algorithm be revised or modified according to the updated knowledge about prevention, novel treatment, and laboratory testing technology for COVID-19. Finally, all the authors hope that the journal's readers will use this algorithm as a prototype and that it can be modified to develop a better protocol. The authors designed this algorithm for the management of traumatic spinal fractures during the COVID-19 situation because we believe in the philosophy of Prince Mahidol of Songkla's that states "true success is not in the learning, but in its application to the benefit of mankind."

### Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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