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Correspondence

The emotional impact of over suspicion in the corona virus pandemic



Sir,

The novel coronavirus disease (COVID-19) has emerged as the pandemic, threatening health and lives of millions of people. As the main route of transmission is from respiratory droplets and direct contact with an infected person, healthcare workers (HCW) are at higher risk of acquiring infection and the risk increases among anaesthetists particularly at the time of airway management [1]. Also, as it has no distinguishing clinical features and symptoms overlap greatly with other acute respiratory infections, one of the biggest challenges is when to suspect the Covid-19 infection [2]. While we are still struggling with deciphering preventive and therapeutic measures, the psychological impact that this massive disease has is underappreciated and unimaginable [3,4]. Here, we share our experience of how over suspicion of COVID-19 in the postoperative period leads to psychological stress among the entire team.

A 65-year-old immunocompromised patient (status HIV) with frontoparietal lobe abscess and history of sudden deterioration of Glasgow coma scale (GCS) (10/15) was posted for the emergency craniotomy. In the preoperative area, the patient's relative gave no significant past and present history. On examination, all vitals were in the normal limits, except bilateral coarse crepitations due to retained secretions. In the operation theatre, the patient was induced with fentanyl, propofol, and rocuronium and was intubated with 8.5 mm ID cuffed endotracheal tube. The intraoperative period was uneventful. Due to low GCS and poor chest condition, the patient was shifted to the intensive care unit (ICU) for postoperative mechanical ventilation. In ICU, the patients' son arrived and the history of travel from Mumbai 10 days back came forward. Though it was of not much significance, but when combined with immunocompromised status and respiratory issues, a strong suspicion of COVID-19 was feared. COVID team was contacted and they too advised patient isolation with testing.

This news created panic among all those who have come in his contact starting from the emergency room till ICU. Though possible precautions for HIV positive were taken, but they do not justify the protection against COVID-19. So, strict home quarantine was decided for all the contacts. Confinement to the four walls and the helplessness it brought were beyond imagination. What if the patient came positive and quarantine is extended to 14 days? What if we have acquired the infection? Thoughts were never-ending. Though the clinical expertise and personal intuition indicated the chances of exposure to be low, still it was difficult to rest, eat or sleep till the patient's report comes. Waiting for the calls or messages of patient's report, it was like a never-ending day. Finally, after almost 24 h, anxiety and fear were broken

with the declaration of the negative report.

So, what exactly happened? Did we miss something in the preoperative check-up or things were magnified in the ICU? Whatever it was, one thing was for sure it had a huge impact on us. The psychological war that we went through teaches us that we should not only be utterly careful while taking travel history during this pandemic but also should not be over-suspicious of even small things.

In conclusion, we should be vigilant with the detailed history during this pandemic outbreak but at the same time, over-suspicion should be avoided as it will just result in unnecessary psychological trauma and stress. In this Covid-19 pandemic, it is crucial not to let panic take over our decision making and rational thought process.

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Rashmi Syal (MD), Kamlesh Kumari (MD)*, Rakesh Kumar (MD),
 Hari Prasad (MBBS), Pradeep Bhatia (MD)
 Department of Anesthesiology and Critical Care, All India Institute of
 Medical Sciences, Jodhpur-342005, India
 E-mail address: kamlesh.gmch@gmail.com (K. Kumari).

* Corresponding author.