

## Author's reply: Letter to the Editor in response to Guerriero "Restriction of autopsies during the COVID-19 epidemic in Italy: prudence or fear?"

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I appreciated the letter by Guerriero <sup>1</sup>, which gives us the chance to consider the COVID-19 situation and the effects on our activities.

First of all, I think it is important to consider the urgency of the specific moment, at the time we produced the document with the society of forensic medicine. The intent was to secure our activities and the respect of our profession, so that the authorities governing our hospitals could be alerted that pathologists could perform autopsies even during COVID-19 but with certain conditions. The document gave all the criteria on "how to equip the pathology sector room to the highest levels of biosafety and how to equip and educate the operators with the best PPE and how to use it, and it was not conceived to lockdown the pathology departments in all Italian hospitals – even in those equipped and ready to deal with Coronavirus-2"<sup>2</sup>.

We did not want to stop autopsies, but in particular, we tried to help pathologists of those regions highly affected by the virus to obtain what they deserved: security and respect <sup>3</sup>. The goal of our society is to improve the level of biosafety of pathology units, for autopsies, histology, cytology and molecular biology <sup>4,5</sup>.

Some of the colleagues used the document as it was intended and obtained the level of security and organization of the autopsy room that allowed them to perform this "medical activity" as it should be independently from COVID-19.

We specified that autopsy should not be used for COVID-19 first diagnosis and I still think that this is the fact. If the diagnosis of COVID-19 was clear cut the autopsy should be performed in specific structural setting to guarantee the safety of operators. Colleagues of the most affected regions were able to perform a large number of autopsies of selected cases (e.g., young persons or subjects without any co-morbidity, or with atypical therapeutic response), adopting a minimally invasive protocol and they are hopefully going to publish their results.

To support the need of a histological analysis of organs of patients who died of COVID-19, we suggested the possibility to use core biopsies of different organs.

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### Conflict of interest

The Author declares no conflict of interest.

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As reported in a paper on Nature <sup>6</sup>, this procedure has been taken into consideration by colleagues of other countries as a good option and, they were able to publish rapidly a work on the pathological evidence of pulmonary thrombotic phenomena in severe COVID-19 <sup>7,8</sup>.

The Italian Society of Pathology and Cytology wanted to support a repository of micro- and macroscopic images illustrating the organ damage induced by SARS-CoV-2, and launched a call to create a national study group to deal with diagnostic and organizational challenges related to the ongoing emergency.

In conclusion, before COVID-19 pandemic, the utility of autopsy was quietly going to be neglected by clinicians and considered mainly a pain in the neck by pathologists. It is a fact that the number of autopsies is declining all over the world and that pathologists are keener to become experts on DNA and RNA alterations using NGS. I hope that this terrible pandemia can teach that "anatomical pathology" is an inalienable branch of the medical art that has to be maintained alive and structural investments must be made for pathology labs in general.

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