

## Comment on “Early postoperative outcomes among patients with delayed surgeries after preoperative positive test for SARS-CoV-2: A case-control study from a single institution”

To the Editor,

We have read with interest the article published by Baiocchi Glauco et al.<sup>1</sup> At present, severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2) has spread rapidly in the world, and it has become the biggest threat and challenge in the world. In the current environment, this study has a good guiding role for clinical work. Although we believe it is a very interesting topic, we would like to offer the following points for your consideration.

First, in Table 2,<sup>1</sup> we need to compare the surgical methods of the two groups (COVID-neg group VS COVID-rec group), such as open surgery and minimally invasive surgery. Many studies have shown that the postoperative complications of minimally invasive surgery are significantly lower than that of open surgery.<sup>2-4</sup> So we need to exclude the influence of surgical methods on the complications of the two groups.

Second, in Table 2,<sup>1</sup> the surgical type are divided into Oncological and Nononcological, but there is no comparison of tumor stages in the two groups of tumor patients. As we all know, patients with different tumor stages have different surgical resection range, different trauma, and different probability of complications. Some studies have shown that the incidence of postoperative complications in patients with late tumor staging is higher than that in patients with early tumor staging because of the wide range of surgical resection.<sup>5,6</sup>

Third, at present, enhanced recovery after surgery (ERAS) has become a global research hotspot, because it can reduce stress response, shorten postoperative hospital stay, reduce postoperative hospital costs and complications, so it is widely used all over the world.<sup>7,8</sup> Therefore, the effect of ERAS on the complications of the two groups should be excluded.

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### CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

### AUTHOR CONTRIBUTIONS

Qiang Hu drafted the letter and Jian Chen and Yuanshui Sun critically reviewed the article.

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**TABLE 1** Clinical and demographic characteristics of the 147 patients submitted to surgical procedures from April 22 to July 2, 2020

Variable 1		COVID-neg <sup>a</sup> group n = 98 (%)	COVID-rec <sup>b</sup> group n = 49 (%)	p value	Total 147 (%)
Age, mean; median (range), year		49.8; 51 (16–81)	50.1; 52 (13–81)	.86	49.9; 51 (13–81)
Body mass index, mean; median (range), kg/m <sup>2</sup>		26.8; 25.9 (16.9–53.9)	27.6; 27.5 (18.8–43)	.33	27.1; 26.6 (16.9–53.9)
Surgical time length, mean; median (range), min		119.0; 100 (10–670)	110.2; 79 (10–362)	.54	116.1; 93 (10–670)
Hospital stay length, mean; median (range), days		3.48; 1.0 (0–62)	3.08; 1.0 (0–47)	.28	3.35; 1.0 (0–62)
Gender	Male	40 (40.8)	16 (33.3)	.38	56 (38.4)
	Female	58 (59.2)	32 (66.7)		90 (61.6)
ASA <sup>c</sup>	1 and 2	82 (83.7)	44 (89.8)	.31	126 (85.7)
	3 and 4	16 (16.3)	5 (10.2)		21 (14.3)
ECOG <sup>d</sup>	0 and 1	83 (84.7)	42 (85.7)	.87	125 (85.0)
	2 and 3	15 (15.3)	7 (14.3)		22 (15.0)
Surgical type	Oncological	53 (54.1)	25 (51.0)	.72	78 (53.1)
	Nononcological	45 (45.9)	24 (49.0)		69 (46.9)
Surgical Department	Gastrointestinal	17 (17.3)	10 (20.4)	.73	27 (18.4)
	Gynecology	16 (16.3)	10 (20.4)		26 (17.7)
	Breast	21 (23.5)	5 (14.3)		26 (17.7)
	Skin Cancer	14 (14.3)	5 (10.2)		19 (12.9)
	Urology	12 (12.2)	7 (14.3)		19 (12.9)
	Head and Neck	11 (11.2)	7 (14.3)		7 (14.3)
	Others <sup>e</sup>	8 (8.2)	4 (8.2)		12 (8.2)
Intensive care unit	No	92 (93.9)	41 (85.4)	.12	133 (91.1)
	Yes	6 (6.1)	7 (14.6)		13 (8.9)
Morbidity (Clavien–Dindo) <sup>f</sup>	none	84 (85.7)	41 (83.7)	.74	125 (85.0)
	I	1 (1.0)	2 (4.1)		3 (2.0)
	II	7 (7.1)	2 (4.1)		9 (6.1)
	IIIa	3 (3.1)	3 (6.1)		6 (4.1)
	IIIb	1 (1.0)	1 (2.0)		2 (1.4)
	IVa	1 (1.0)	0 (0)		1 (0.7)
	IVb	1 (1.0)	0 (0)		1 (0.7)

<sup>a</sup>COVID-neg: patients that had surgeries after a negative RT-PCR test for SARS-CoV-2.

<sup>b</sup>COVID-rec: asymptomatic patients that had surgeries delayed due to positive RT-PCR test for SARS-CoV-2.

<sup>c</sup>ASA: American Society of Anesthesiologists risk classification.

<sup>d</sup>ECOG: Eastern Cooperative Oncology Group Performance Status.

<sup>e</sup>Others: Vascular surgery, Intervention Radiology, Neurosurgery and Reconstructive Surgery.

<sup>f</sup>Clavien–Dindo: Clavien–Dindo classification of surgical complications.

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