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Emergency abdominal surgery in COVID-19 patients: a note of caution from Wuhan

Editor

The COVID-19 pandemic has impacted medical systems worldwide, and has presented clinical, telemedicine, ethical, elective and emergency abdominal surgery challenges¹⁻⁶. We describe the clinical features of six COVID-19 patients receiving emergency abdominal surgery between 19 January (early stage of the outbreak) and 20 April (late stage). Emergency open surgery indications included gastrointestinal haemorrhage or perforation, gangrenous cholecystitis and acute appendicitis. All patients were male, aged between 36 and 79 years (mean 60 years) and three had comorbidity, one with retroviral disease in the background. All presented with fever and five had severe or critical COVID-19 disease. Five patients had lymphopaenia and increased levels of C-reactive protein, procalcitonin and D-dimers. Notably, three had significant changes on thorax CT, two had milder changes, and one had a clear chest CT.

Level III (top level) personal protective equipment was used for staff. Four patients needed ventilation, and severe cardiovascular/respiratory complications arose in four patients. The relatively high mortality after emergency abdominal surgery in these

patients is likely due to the severity of their COVID-19 and it is notable that the cause of death in three of five deceased was related to coagulopathy. As the pandemic surge passes and we prepare for the next stages of recovery⁷, and elective work⁸ and emergency services resume⁹, it is imperative that we consider the safety of the staff¹⁰ in addition to that of patients. It may be wise to avoid emergency operations in critically ill COVID-19 patients if possible as the mortality rate can be significant.

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