

# Response to “Fiberoptic bronchoscopy via intubation box during COVID-19 pandemic”

To the Editor,

We would thank the reader for interest in our study published at the beginning of the pandemic. In our study, in the early pandemic process, we stated how we proceed with bronchoscopic procedures and which precautions we have taken without any published guidelines yet on this subject. Accordingly, bronchoscopy unit with separate ventilation and HEPA filter, a core team with bronchoscopist, bronchoscopy assistants, nurses, and anesthesia, a surgical mask to patients, and all personnel in the room were dressed with personal protective equipment (PPE; N95 mask, eye protection [reusable and safety glasses], disposable gloves and impervious gown, face shield, and cap), transnasal access for flexible bronchoscopy was our recommendations. In the following days, statements and expert opinions published on the use of bronchoscopy in the COVID-19 pandemic.<sup>1–3</sup>

We continued to perform both flexible and rigid bronchoscopy and endobronchial ultrasonography (EBUS) in line with the above-mentioned precautions. We performed bronchoscopy and EBUS in the same session in patients with suspected lung cancer, if there was no distant organ metastasis. Thus, we have minimized the risk of transmission for both healthcare professionals and patients. Since the beginning of the pandemic, we have applied EBUS to approximately 700 patients, rigid bronchoscopy to 130 patients, and flexible bronchoscopy to 300 patients (mostly patients followed up in the intensive care unit) in total, and COVID-19 positivity was not detected in any healthcare worker during this period in our bronchoscopy unit.

The intubation box first designed by Lai and used in a few studies.<sup>4</sup> The authors shared their experiences of bronchoscopy via the intubation box in 49 patients. With this method, bronchoscopy can be applied to patients without any contamination, but it does not seem very practical, the disinfection of this box after each patient also brings a separate process, time, and risk.

In conclusion, today, a year after, COVID-19 still continues to spread rapidly worldwide. We are obliged to continue our daily routine by taking maximum precautions that there should be no delay in the diagnosis and treatment processes of lung cancer patients and the procedures should be continued without delay.

## CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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