


CORRESPONDENCE

# Regarding ‘Magnitude of SARS-CoV-2 Infection and Outcome in Paediatric Surgical Inpatients during the First Wave of Pandemic at a Tertiary Care Children’s Hospital in India’

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Dear Editor,

We read with great interest the article by Prajapati, *et al.* [1] about ‘Magnitude of SARS-CoV-2 Infection and Outcome in Paediatric Surgical Inpatients during the First Wave of Pandemic at a Tertiary Care Children’s Hospital in India’. Their study was conducted to investigate the magnitude and effects of SARS-CoV-2 infection on paediatric surgical inpatients in a tertiary care children’s hospital during the first wave of the SARS-CoV-2 pandemic (March 2020 to September 2020). While 9 (2.88%) of the 312 patients they operated on in their study were SARS-CoV-2 positive, 11 (6.58%) of the 167 patients they did not operate on were SARS-CoV-2 positive. Only one death occurred due to perforation peritonitis with sepsis. While the overall prevalence of SARS-CoV-2 was 4.17% in paediatric surgical patients, similar results were obtained in SARS-CoV-2 positive patients to patients without SARS-CoV-2. They stated that morbidity or mortality did not increase in paediatric surgery patients in this first pandemic attack of

SARS-CoV-2 infection (COVID-19), and that paediatric surgical care can be performed uninterruptedly with the optimal use of existing resources, universal testing protocol, testing-based triaging and precautions as per recommended guidelines. However, they emphasized the need for further work for COVID-19 pandemic in paediatric patients [1].

Various measures were taken after the first positive SARS-CoV-2 case was detected in Turkey on 10 March 2020. During the COVID-19 pandemic, only 61 surgical procedures were performed due to the precautions taken to limit the spread of COVID-19 between 17 March and 17 May 2020 in our Paediatric surgery department, where approximately 3500 operations are performed annually. More than 50% of these surgeries were performed either for appendicitis ( $n = 20$ ) or incarcerated inguinal hernia ( $n = 12$ ), most of them are younger than 6 months. In these months, only cancer patients and with life-threatening diseases have been hospitalized and treated. Only 2 of these 61 cases were COVID-19

(+) and they were operated in a special operating room and equipments. There were no deaths in these patients during this period [2, 3].

Afterwards, we continued our clinical studies by requesting COVID-19 PCR test initially only from the patients who will be operated and then from all patients who will be operated or hospitalized. In years 2020 and 2021, 604 and 824 hospitalizations were done and 1395 and 2543 operations were performed, respectively. Number of operated patients infected with COVID-19 was 4 and 6 patients, respectively, for the same years. In this 2-year period, no COVID-19-related deaths occurred in our clinic.

As a result of the above information and our practice, with appropriate perioperative measures taken,

all operations could be performed in the future without the need for any surgery to be postponed in children.

#### REFERENCES

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2. Sonmez K, Turkyilmaz Z, Karabulut R, *et al.* Pediatric surgery practice during COVID- 19 pandemic in Turkey. *Gazi Med J* 2021;32:486–8.
3. Sonmez K, Turkyilmaz Z, Karabulut R, *et al.* Comment: COVID-19 outbreak and the practice of surgery: do we need to change? *Br J Surg* 2021;108:e140.