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LETTERS TO THE EDITOR

Readers are encouraged to write letters to the editor concerning articles that have been published in *Clinical Gastroenterology and Hepatology*. Short, general comments are also considered, but use of the Letters to the Editor section for publication of original data in preliminary form is not encouraged. Letters should be typewritten and submitted electronically to <http://www.editorialmanager.com/cgh>.

Will the Quality of Research Remain the Same During the COVID-19 Pandemic?



Dear Editor:

Since the beginning of the COVID-19 pandemic, the number of published articles on COVID-19 is increasing in parallel with the number of infected patients.^{1,2} As of March 21, 2020, more than 1000 articles including the term “COVID-19” were published in PubMed. With this rapid surge in new evidence and the urgency to get this disseminated, can we shorten the peer-review process, but do so without decreasing the quality of research? This is our challenge as editors and reviewers. Usually, it takes at least 2 weeks of peer review followed by another 1 or 2 weeks before the final decision is rendered. However, most manuscripts require a second round of revisions. In the current setting, the time between the initial submission and final acceptance is much shorter than usually reported. International guidelines³ and even some clinical trials using a fast-track process⁴ were published in this emergency setting. We may face several issues here. First of all, as reviewers, we could be influenced by the current drama when evaluating a manuscript. Furthermore, some of us who may be working as front-line clinicians might not be able to pay enough attention to every detail. Last, but not least, as physicians, we all believe that we need to inform the entire community about the evolution of the pandemic and lessons to be learned from other countries and other centers as soon as possible. Whether these factors would influence the quality of research published in the next few months remain to be seen. On a different note, it appears that every journal, every Editor, and every reviewer potentially could accelerate the entire peer-review process; something that would be useful in the long term. This would speed up the medical research worldwide (if necessary). Let us hope that all published reports on COVID-19 have the same quality than those published before the beginning of this pandemic. Time will tell.

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Conflicts of interest

The author discloses the following: Laurent Peyrin-Biroulet has received personal fees from AbbVie, Janssen, Genentech, Ferring, Tillots, Pharmacosmos, Celltrion, Takeda, Boehringer Ingelheim, Pfizer, Index Pharmaceuticals, Sandoz, Celgene, Biogen, Samsung Bioepis, Alma, Sterna, Nestle, Enterome, Allergan, MSD, Roche, Arena, Gilead, Hikma, Amgen, BMS, Vifor, Norgine, Mylan, Lilly, Fresenius Kabi, Oppilan Pharma, Sublimity Therapeutics, Applied Molecular Transport, OSE Immunotherapeutics, Entera, and Theravance, grants from AbbVie, MSD, and Takeda, and holds stock options in CTMA.



Most current article

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Gastroenterologists, Hepatologists, COVID-19 and the Use of Acetaminophen



Dear Editor:

We read the article by Ungaro et al¹ that discusses the potential implications of the current pandemic coronavirus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2 for gastroenterologists. We agree that patients on immunosuppressive agents (immunomodulators or biologics) such as those with inflammatory bowel disease may be at a higher risk of complications during COVID-19 and require special care and preventive measures.² In addition, there also are concerns related to the increasing use of acetaminophen for managing the febrile illness associated with COVID-19.²

Recent studies³ have concluded that more than half of patients who present to the hospital with acetaminophen-induced acute liver injury (ALI) or acute liver failure (ALF) have undetectable levels of acetaminophen, and that clinicians should not exclude acetaminophen toxicity because of undetectable levels or withhold N-acetylcysteine for patients with ALI or ALF when acetaminophen toxicity is suspected.

COVID-19 patients frequently need antipyretic/analgesic drugs. At the same time, multiple studies have

reported an increase in alanine aminotransferase (up to 34.6% of patients), aspartate aminotransferase (up to 40.4% of patients), bilirubin (up to 25.1% of patients), and creatinine (up to 8.0% of patients) in those with confirmed COVID-19.² Hence, as Leventhal et al³ noted, considering that patients with ALI usually have undetectable levels of acetaminophen, ALI/ALF should be considered in COVID-19 patients when acetaminophen ingestion is reported and very high (>2000 IU/L) aminotransferase levels are observed.⁴

We agree, as proposed by others,³ that clinicians are advised not to dismiss the possibility of acetaminophen toxicity when faced with an undetectable serum acetaminophen level; there is still a need to use N-acetylcysteine in all patients with either a history of suspected acetaminophen poisoning or the biochemical profile that is associated with it, regardless of the presence or absence of the parent compound. This is even more important now with a potential significant increase in the use of acetaminophen owing to the COVID-19 pandemic.⁵

Finally, as Ungaro et al¹ mentioned, patients may complain of gastrointestinal symptoms such as nausea or diarrhea. We found that diarrhea was observed in 6.1% of patients (95% CI, 2.4%–9.7%) in 6 studies, including 457 patients with confirmed COVID-19.²

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Conflicts of interest

The authors disclose no conflicts.

Most current article

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Managing Inflammatory Bowel Disease During COVID-19: Summary of Recommendations from Gastrointestinal Societies



Dear Editor:

We read the recent article by Ungaro et al¹ with great interest. As the coronavirus disease 2019 (COVID-19) pandemic caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) continues to spread, gastroenterologists managing patients with inflammatory bowel disease (IBD) face uncertainty amid growing patient concerns regarding risks associated with immunosuppressive medications. Descriptions of initial patient cohorts from China did not include details about concomitant immunosuppressive therapy because immune-mediated diseases did not feature prominently among the reported comorbidities.² On the basis of these cohorts, the most important factors associated with poorer outcomes were older age, diabetes, hypertension, and other cardiovascular disease.

An international registry of IBD patients with COVID-19 (Surveillance Epidemiology of Coronavirus [COVID-19] under Research Exclusion) was established.³ As of April 8, 2020, 382 cases were reported to the registry, of whom 106 had required hospitalization, and 13 had died. In the absence of data to inform decision making, several societies have proposed empiric guidelines for management of IBD patients. These recommendations should be considered in parallel with national/regional guidance from public health authorities, which include instructions for self-isolation that may substantially impact patient livelihoods and thus extend beyond the typical remit of guidelines for disease management. In the context of the rapidly evolving data, we summarize available recommendations from different gastroenterological societies.