Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

In conclusion, we wish to highlight the entity of viral infection-induced thrombosis and intra-arterial thrombosis in association with severe viral infections, especially in the CoV-positive patient. We wish to encourage our colleagues across all fields of specialty to have a high index of suspicion for signs of limb and mesenteric ischemia. The early diagnosis of these conditions has a tremendous influence on the success of treatment.

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COVID-19 pandemic and vascular surgery unit

We found the publication "Early experience in the COVID-19 pandemic from a vascular surgery unit in a Singapore tertiary hospital" very interesting. Tan et al[1] stated, "Surgical services form an essential component of the health care system, but as surgeons, we need to be versatile and be able to respond to the ever evolving pandemic situation." The risk of COVID-19 transmission to the surgeon during surgery is possible.[2] The preventive measures explained by Tan et al[1] are useful in other settings. In addition to general preventive measures, there should be a good surgery management system to postpone unnecessary surgery. In Indochina, almost all vascular surgeries are not done during the COVID-19 outbreak. In case the vascular surgical procedure is required, presurgery testing for COVID-19 is recommended,[3] and the practitioner should follow standard universal precautions for all patients in all phases of surgery, before, during, and after operation.

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Rectifying the misconceptions about current best management of asymptomatic carotid stenosis is not about revising history

We would like to thank Cambria and Conrad[1] for agreeing with us[2] that transaortic carotid artery stenting (CAS) causes more stroke and death than carotid endarterectomy (CEA). However, it should be added that the periprocedural period cannot be ignored, and the CAS excess in stroke and death is measurable for as long as we have continued follow up in trials.[2]

Cambria and Conrad[1] have also provided opportunity to expose other important misconceptions regarding current best management of asymptomatic carotid stenosis (ACS):