



Lockdown Boredom in COVID-19 Pandemic: As a Cause of Pediatric Foreign Bodies

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Abstract COVID-19 has been impacting a large number of people worldwide. In this lockdown has restricted people to stay at home which is likely to impact their physical and mental health especially children can result in a high prevalence of psychological distress. Long term home isolation has potentially increased the risk of domestic accidents in children like lodgment of foreign bodies in Ear, Nose and Throat. Otolaryngologists are at increased risk of getting the infection due to their direct exposure to the airways of the patient, while removing foreign bodies. Preoperative planning and SARS-CoV2 testing is of particular importance for the pediatric population and if testing cannot be performed, patients in all age groups should be handled as though they are positive for COVID-19, and appropriate precautions should be taken.

Keywords COVID-19 pandemic · Otolaryngology · Pediatric foreign bodies · Personal protective equipment

Abbreviations

COVID-19	Coronavirus disease 2019
PPE	Personal protective equipment
SARS-CoV-2	Severe acute respiratory syndrome coronavirus-2

The World Health Organization (WHO) on March 11, 2020, has declared the novel corona virus (COVID-19) outbreak a global pandemic [1]. COVID-19 has been impacting a large number of people worldwide. As of August 4th, 2020, there are 18,576,446 cases worldwide and 1,893,078 cases in India reported according to the Center for Systems Science and Engineering (CSSE) at John Hopkins University.

India took the historic decision of a 21 day national lockdown on March 25th, which was further extended with different restrictions as per the need of the situation. This lockdown has restricted people to stay at home which is likely to impact their physical and mental health. Especially vulnerable to this are the children they can't go out for playing and also their schools are closed.

It has been found that children staying at home due to lockdown spend more time in using phones, sitting in front of TV and internet which can lead to psycho-social problems, like lower self-esteem [2]. Excess use of internet can lead to internet addiction disorder, which can affect their mental health. Moreover, spending more time inside the house makes children vulnerable to effects of indoor pollution which can affect their brain development leading to limited development of cognitive abilities [3].

As learned from experiences with SARS, quarantine can result in a high prevalence of psychological distress, manifested most frequently by low mood and irritability [4], with emotional disturbances and exhaustion, anger, anxiety, boredom, insomnia and depressive symptoms [5–9].

Long term home isolation has potentially increased the risk of domestic accidents in children like lodgment of foreign bodies in Ear, Nose and Throat. Commonly found foreign bodies in children are beads, plastic toys, pebbles, buttons, colors, coins and popcorn kernels. Foreign bodies in the airway are commonly seen in the pediatric

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population [10, 11]. One case series over a 20-year period reported that 75% of patients with foreign bodies to the airway were younger than 9 years [11]. Unfortunately, FB injuries are a neglected epidemic and there's a lack of sensibility in terms of recognition and acknowledgement of the FB injury risk. Particularly, foreign bodies in the nose and in the ears produce local inflammation which may result in a pressure necrosis and damage the surrounding structure [12].

Foreign bodies of the ear and nose often can be managed in the outpatient setting with simple instruments without need of any COVID testing. Topical anaesthesia can be used for uncooperative children to reduce the pain. Foreign bodies in the throat are often medical emergencies that could potentially progress to surgical emergencies. Throat foreign bodies and difficult ear and nose foreign bodies are managed surgically using short general anaesthesia, after the COVID testing of the patient.

ENT Surgeons are at increased risk of getting the infection due to their direct exposure to the airways of the patient, while removing foreign bodies from nasopharynx and oropharynx, which are the common place where this highly contagious virus reside. Several recent studies of COVID-19 in the pediatric population in China demonstrate a large portion of cases are asymptomatic or minimally symptomatic. In a study of eight infected families, nine positive children were identified, but asymptomatic infection occurred in 66.7% of pediatric cases [13]. Emerging data suggests that asymptomatic patients may carry and spread infection [14]. Around the world, including in China, Iran, and Italy, many of the physicians infected by COVID 19 are specialists exposed to the nasopharynx and oropharynx, including anesthesiologists, critical care physicians, ophthalmologists and otolaryngologists [15]. Preoperative planning and SARS-CoV2 testing is of particular importance for the pediatric population and if testing cannot be performed, patients in all age groups should be handled as though they are positive for COVID-19, and appropriate precautions should be taken [16].

Compliance with Ethical Standards

Conflict of interest Not applicable.

Financial Disclosure Not applicable.

Availability of Data and Materials Not applicable.

Ethics Approval and Consent to Participate Not applicable.

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