

the related groups A, B and C, indicating an overall symptom improvement ($p < .001$) which by Page's L trend test disclosed a significant trend in symptom cutback from A to C ($p < .001$).

Conclusion: The surgeons' awareness is required that in some cases, the psychological symptoms escalate during isolation and quarantine periods and may even override the physical awkwardness, urging us to address both types of discomfort simultaneously and intensely.

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Surgeon's Acute Stress Disorder During Covid-19: A Case Study with E-Mail Therapy

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Aims: A higher surgical trainee combatted patients' deaths and disasters from COVID-19. The trainee treated daily COVID-19-positive patients. In May 2020, he recognized symptoms of COVID-19. Throat swab test confirmed the suspicion of contagion. We aimed to study the acute stress disorder (ASD) during the COVID-19 pandemic in the surgical trainee.

Methods: The case self-isolated for 2 weeks with an intensifying fear of health deterioration. The case's isolation and feelings of being in poor health, opened for an e-mail therapy. Sixty open-ended questions were answered in Socratic-maieutic style. The finding of severe (ASD) was validated and confirmed by use of the National Stressful Events Survey Acute Stress Disorder Short Scale. The mail therapy continued until the case felt that the crisis had faded. After 10 weeks a follow up was completed A, B and C times for 7 issues: death anxiety, worries about family after own death, chest pressure, other physical symptoms, stress, depression, other psychological symptoms

Results: Our hypothesis was termed "acute stress reactions". Our case's ASD was categorized as "severe". Friedman test was applied for