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.

Separated pathways in the endoscopy unit for COVID-19 patients

To the Editor:

Recently, Repici et al[1] proposed a model for prevention of COVID-19 infection spread in endoscopy units. The topic is of utmost importance because of the potential for fecal–oral transmission of the SARS-CoV-2,[2] its prolonged persistence on different surfaces,[3] and the fact that, from now on, an increasing number of procedures in patients known to be COVID-19 positive will be performed.

In our tertiary care referral center in northern Italy, in the midst of the viral outbreak, we have developed a model for a specific pathway for these patients in the endoscopy unit. In addition to all the enhanced preventive measures as highlighted in the index article,[1] we propose to set up dedicated spaces for the treatment of virus-positive patients with a separate entrance to the endoscopy unit and exclusive endoscopes, which are used in a specific endoscopy room and subsequently reprocessed in a dedicated adjacent reprocessing room, thus creating an "infected pathway" separated by "noninfected" areas in order to minimize contamination. Endoscope reprocessing is a crucial step in preventing the transmission of pathogens.[4,5] Therefore, the possibility of separating not only patients but also endoscopes, devices, and their reprocessing rooms from the noninfected ones appears of paramount importance, especially in this dramatic time period. It might also be advisable that only selected members of the team are specifically dedicated to this pathway, after proper training on the use of personal protective equipment. We strongly believe that the adjustment of everyday clinical practice with additional measures like those we suggest may have a remarkable effect on the battle against this invisible enemy.

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Pablo Cortegoso Valdivia, MD
Marco Le Grazie, MD
Federica Gaiani, MD
Francesco Decembrino, MD
Gian Luigi de' Angelis, MD, PhD
Gastroenterology and Endoscopy Unit
University Hospital of Parma
University of Parma
Parma, Italy

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ERRATUM

In the article that appeared in the April issue of Gastrointestinal Endoscopy, "A review of endoscopic scoring systems and their importance in a treat-to-target approach in inflammatory bowel disease (with videos)" (Limdi JK, Picco M, Farraye FA. Gastrointest Endosc 2020;91:733–45), under the heading ENDOSCOPIC SCORING SYSTEMS IN ULCERATIVE COLITIS, there was an error in the reporting of UCEIS scoring. It should have stated:

"It was initially developed as an 11-point score, and then simplified to an 8-point tool scoring erosions/ulcers (0-3), vascular pattern (0-2) and bleeding (0-3) with a satisfactory inter-observer agreement (kappa, 0.5)."