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Consensus for general COVID-19 management has been changing day-by-day due to the rapidly changing circumstances. Our current opinion is that surgical intervention in patients who are positive for COVID-19 may be considered for low-risk patients with minimal symptoms if prompt supportive therapy for COVID-19 is simultaneously delivered. Otherwise, our recommendation is nonoperative management until full convalescence, although no unified definition of convalescence exists with respect to preoperative clearance. We believe lessons learned from these small case series are critically important for the management of type A aortic dissection due to the persistent pandemic in the post-lockdown era.

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### Urgent Cardiac Surgery and COVID-19 Infection: Uncharted Territory



#### Reply

To the Editor:

The coronavirus disease 2019 (COVID-19) pandemic has caused a landslide in the organization of all aspects of medical care, including cardiac surgery. Especially for patients needing an urgent lifesaving operation, 2 major aspects should be scrutinized:

1. How can COVID-19 infection effectively and quickly be detected in patients needing urgent cardiac surgery?
2. What are the possible effects on the postoperative course?

The importance of the first question is 2-fold. First, Anticipation of COVID-19-related postoperative complications should lead to quicker detection and treatment. Second, it is crucial to prevent infection of other patients and hospital staff, bearing in mind the recent rise in the infection rate without reliable and safe vaccination up till now.

The shared protocol by Hwang and Zhan<sup>1</sup> proposes a combination of risk estimation, blood work, signs of COVID-19 infection on computed tomographic scan, and rapid testing. Risk estimation is not always easy for these patients, especially in case of hemodynamic instability or severe neurologic failure. Computed tomographic scan and blood work, on the other hand, are available in practically all cases and should indeed be reviewed with possible COVID-19 infection in mind. It seems

imperative that rapid testing is essential in urgently admitted patients. In our hospital, real-time reverse-transcription polymerase chain reaction testing (Xpert, Xpress SARS CoV-2; Cepheid, Sunnyvale, CA) is performed for all urgent admissions, with results expected within the hour.

It is too soon to give reliable data about the effect of COVID-19 infection on the postoperative course in patients operated on for acute type A aortic dissection, because only a few reported cases are available.<sup>2-4</sup> Extrapolation of observed effects in patients with severe COVID-19 infection is applied to cardiac surgery patients, addressing mainly the observation of hypercoagulability and hyperinflammation.<sup>5</sup> Therefore, reporting experience remains crucial, and participation in a multicentric registry<sup>6</sup> should be greatly encouraged.

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### COVID-19 Vasculopathy and Post-COVID-19 Phenomenon



#### Reply

To the Editor:

Hwang and Zhan<sup>1</sup> presented their review of 3 case reports in *The Annals* on aortic dissection surgery in patients with coronavirus disease 2019 (COVID-19). In their review, they considered the outcomes presented among the case reports to be highly variable and questioned the perioperative precautions, mortality, and aortic wall morphology during aortic dissection surgery in patients positive for COVID-19.

We presented an extensive discussion on surgical precautions in an earlier report.<sup>2</sup> While our main focus in our case report<sup>3</sup> was on COVID-19 vasculopathy, we provided a brief discussion on surgical precautions. For additional details, we refer the reader to our earlier work on the subject.

COVID-19 is currently recognized as a multisystemic, immunoinflammatory disorder involving vessels of all sizes.