

After 1 month, pruritus disappeared and sBA normalized (4.6 $\mu\text{mol/L}$). Follow-up at 3 and 8 months confirmed the absence of pruritus and cholestasis (sBA: 1.9 and 5 $\mu\text{mol/L}$). Serum liver tests, alpha-fetoprotein level, and liver elastography value (Super-sonic Shear Imaging: 6 kPa) were normal. This report shows that in our PFIC2 patient GPB is as efficient as PBA to improve pruritus and cholestasis and allows good oral tolerance and therapeutic adherence.

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Telemedicine for Pediatric Inflammatory Bowel Disease in the Era of COVID-19

To the Editor: Telehealth is a widely adopted solution to maintain high-quality care for patients with chronic diseases while lessening the risk of transmission of SARS-CoV19 (1,2).

We would like to share our experience in expanding our telemedicine capability to address the comprehensive care needs for our pediatric inflammatory bowel disease (IBD) population.

Our Pediatric IBD center is located in the Bay Area, one of the earliest adopters of shelter in place. Given an existing telemedicine practice at our institution, we were able to convert appointments in less than a week to 100% telehealth visits. Our primary goals as we implemented our telemedicine program included the following:

- Screen patients before infusion appointments, to keep infusion center safe.
- Telehealth visits with patients receiving home infusion.
- Injection teaching.
- Routine care to our patients with IBD, including multidisciplinary visits (Pediatric Gastroenterologist, Nurse), Practitioner, Social Worker, Pediatric Dietician, Interpreter, and other specialists such as Surgery, Rheumatology, Immunology).
- Provide urgent evaluations during flares to minimize emergency room visits and admissions.
- Support ongoing IBD clinical trials.

We instituted a weekly virtual meeting with the care team to review acute issues, disseminate current literature on SARS-CoV-19 and IBD, and navigate limitations in available resources, such as nonurgent procedures. As we rethink our care algorithms to accommodate social distancing, we are also creating alternatives that we hope to continue beyond this pandemic (3).

Despite physical limitations we continue to promptly address questions, coordinate complex care, and triage clinical needs while enabling patients to stay at home, helping to reduce the spread of the virus to mass populations and the medical staff on the frontline.

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Heightened Central Line-associated Blood Stream Infection Risk During a Pandemic

To the Editor: We wish to update the pediatric gastroenterology community on a critical issue for children with intestinal failure (IF) that threatens to increase emergency department visits and hospitalizations during the pandemic related to

SARS-CoV-2. Intestinal rehabilitation (IR) programs seeking to protect their vulnerable patients from COVID-19 are taking unprecedented steps to minimize healthcare exposure, efforts undermined by the recent price increase, and shortage of sterile ethanol.

Children with IF are dependent on central venous catheters for parenteral fluids and nutrition (PN), risking central line-associated blood stream infection (CLABSI), sepsis, liver injury, and death. Locking the central venous catheter with ethanol, a frequently studied and beneficial intervention in IR, reduces the CLABSI rate by 63% (6 infections per 1000 catheter days) (1).

Belcher Pharmaceuticals received FDA approval with orphan drug designation for Alysinal (dehydrated alcohol) for adult heart disease (2). Such designation precludes medical marketing by others until 2025 and recently resulted in shortage and almost 8-fold price increase (3).

On March 29, 2020, we notified the FDA of a national survey of IR programs on the impact of this decision to IF patients in North American. Twenty centers from 14 US states caring for approximately 950 patients receiving home PN responded. All programs prescribed ethanol with the majority (18, 90%) prescribing 70% concentration. Frequency of use was evenly split between daily (10, 50%) and thrice weekly (10, 50%). Recent shortage was experienced by 17 (85%) centers and 15 (75%) had been requested or mandated to change prescribing practices by homecare agencies due to cost or shortage. This is particularly concerning as a reduction in ethanol lock frequency during a previous shortage resulted in “complete failure” in prophylaxis (4).

There is a need to rapidly regain access to ethanol or other agents used internationally, such as 4% tetrasodium ethylenediaminetetraacetic acid or taurolidine citrate. Both are efficacious antimicrobials and may offer other desirable benefits such as anticoagulation (5,6). Always important, the prevention of CLABSI and ensuing hospitalization and resource utilization is ever more relevant while a highly transmissible infectious disease ravages our health care system.

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