



Hysteroscopy and COVID-19 pandemic

Rujittika Mungmunpantipantip, PhD¹, Viroj Wiwanitkit, MD²¹Private Academic Consultant, Bangkok, Thailand; ²Department of Community Medicine, Dr. D.Y. Patil University, Pune, India

Dear Editor, we would like to share some ideas on “hysteroscopy in COVID-19 pandemic: safety concerns” [1]. Rai et al. [1] concluded that “hysteroscopy is not an aerosol-generating procedure and the risk of coronavirus disease 2019 (COVID-19) infection is low; therefore, hysteroscopy should not be ruled out in emergencies.” During the COVID-19 pandemic, a lot of considerations were raised on many medical procedures. Any procedure should not be problematic if there is a standard prevention. For hysteroscopy, it should be safe. According to a recent report, there is no shredding of viruses in the female genital tract [2]. Also, the uterus has no connection to the respiratory tract and the virus rarely exists in the blood. It is concluded that vaginal contact is unlikely to be the route of viral transmission [3]. No additional specific preventive measure is required. Only standard prevention against respiratory aerosol contamination is sufficient for hysteroscopy procedures. Nevertheless, preventive actions are required at any stage, including pre-, during and post-hysteroscopy phases. An asymptomatic COVID-19 patient is possible, and there is a chance of disease spreading during the pre-hysteroscopy period, such as during hospitalization in a waiting ward. Screening for COVID-19 infection through PCR testing before hysteroscopy procedures for all patients should be considered [4,5]. Finally, regarding the conclusion of Rai et al. that COVID-infected patients should not be ruled out in emergent situations [1] if this were true, it should further discuss the recommendation for hysteroscopy in COVID-infected patients. For hysteroscopy in COVID-infected patients, it is recommended that the procedure be continued only if it is an emergency situation. If hysteroscopy is considered, health personnel have to use the appropriate personal protective equipment and all standard precautions should be implemented to prevent COVID-19 infection [4]. Only essential and completely vaccinated personnel are permitted in the theater, and if available, negative pressure theaters should be

used [5]. Local or regional anesthesia should be considered first, and intubation should be avoided [5].

Conflict of interest

No potential conflict of interest relevant to this article was reported.

Ethical approval

This study does not require approval of the Institutional Review Board because no patient data is contained in this article. The study was performed in accordance with the principles of the Declaration of Helsinki.

Patient consent

Written informed consent and the use of images from patients are not required for the publication.

Received: 2021.11.11. Revised: 2021.12.24. Accepted: 2022.01.20.
Corresponding author: Rujittika Mungmunpantipantip, PhD
Private Academic Consultant, 11 Bangkok 122, Bangkok 103300,
Thailand
E-mail: rujittika@gmail.com
<https://orcid.org/0000-0003-0078-7897>

Articles published in *Obstet Gynecol Sci* are open-access, distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Copyright © 2022 Korean Society of Obstetrics and Gynecology

Funding information

None.

References

1. Rai R, Roy KK, Zangmo R, Garg D. Hysteroscopy in COVID 19 pandemic: safety concerns. *Obstet Gynecol Sci* 2022;65:100-2.
2. Takmaz O, Kaya E, Erdi B, Unsal G, Sharifli P, Agaoglu NB, et al. Severe acute respiratory syndrome coronavirus (SARS-CoV-2) is not detected in the vagina: a prospective study. *PLoS One* 2021;16:e0253072.
3. Fenizia C, Saulle I, Di Giminiani M, Vanetti C, Trabattoni D, Parisi F, et al. Unlikely SARS-CoV-2 transmission during vaginal delivery. *Reprod Sci* 2021;28:2939-41.
4. Alabi OC, Okohue JE, Adewole AA, Ikechebelu JI. Association of gynecological endoscopy surgeons of Nigeria (AGES) advisory on laparoscopic and hysteroscopic procedures during the COVID-19 Pandemic. *Niger J Clin Pract* 2020;23:747-9.
5. Thomas V, Maillard C, Barnard A, Snyman L, Chrysostomou A, Shimange-Matsose L, et al. International society for gynecologic endoscopy (ISGE) guidelines and recommendations on gynecological endoscopy during the evolutionary phases of the SARS-CoV-2 pandemic. *Eur J Obstet Gynecol Reprod Biol* 2020;253:133-40.