Thyroid surgery during COVID-19 pandemic: is it feasible?

Editor

As of May 31, globally there have been about 6.10 million cases of COVID-19 with more than 51 thousand cases confirmed per day. Nasolaryngoscopy, endotracheal intubation and possible tracheostomy in thyroid surgery put medical staff at high risk. The elective surgery, for example, for most patients with thyroid tumors, is recommended to be postponed¹⁻³.

In the other hand, in many countries, such as China, Japan, Korea, Germany, France, and Italy, daily confirmed cases have continued to decline. In contrast, the surgery for patients with positive FNA, has been delayed for several months. The concerns about cancer progression have gradually surpassed those of COVID-19, and can no longer be relieved by online consultation.

Systematic and adequate infection control measures could be effectiveness in COVID-19 prevention. Meng et al. reported that no COVID-19 infection was confirmed in 169 staff workers who treated more than 700 patients with emergent dental care since January 24 in Wuhan, China⁴. Furthermore, Lee et al. performed 2073 elective operations without none hospital-acquired infection in South Korea between 20 January and 19 March 2020⁵. In our experience, some following principles need be followed. Firstly, patients should be managed with risk group analvsis based on their prognostic features. Secondly, patients, their accompanying persons and healthcare workers, all should wear a medical mask, measure body temperature, and avoid unnecessary gathering. Last but not least, the screening measures for COVID-19 include precheck questions about the health status and history of contact or travel in past two weeks, together with CT imaging, nucleic acid tests on respiratory tract specimens and IgM-IgG testing. Compared with nucleic acid, the IgM-IgG test is more accurate and sensitive⁶. Some measures like reducing hospital stays, face shields in surgery and endotracheal intubation, and so on. should also be taken.

Author Disclosure Statement

The authors declare that they have no competing interests.

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- 1 American Academy of Otolaryngology Head and Neck Surgery (AAO-HNS). New Recommendations Regarding Urgent and Nonurgent Patient Care. https://www.entnet.org/content/newrecommendations-regarding-urgentand-nonurgent-patient-care.
- 2 Soreide K, Hallet J, Matthews JB, Schnitzbauer AA, Line PD, Lai PBS *et al.* Immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services. *Br J Surg* 2020; https://doi.org/10.1002/bjs .11670 [Epub ahead of print].
- 3 COVIDSurg Collaborative. Global guidance for surgical care during the COVID-19 pandemic. *Br J Surg* 2020; 107: 1097–1103.
- 4 Meng L, Hua F, Bian Z. Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine. *J Dent Res* 2020; **99**: 481–487.
- 5 Lee J, Choi JY, Kim MS. Elective surgeries during the COVID-19 outbreak. Br J Surg 2020; https://doi .org/10.1002/bjs.11697 [Epub ahead of print].
- 6 Xie J, Ding C, Li J, Wang Y, Guo H, Lu Z, et al. Characteristics of Patients with Coronavirus Disease (COVID-19) Confirmed using an IgM-IgG Antibody Test. *J Med Virol* 2020; https://dx.doi .org/10.1002%2Fjmv.25930 [Epub ahead of print].