

French West Indies castaway children as a result of the COVID-19 outbreak


Dear editor

I read with interest the submission of Haward et al¹ dealing with the paediatric ethics issues during this COVID-19 outbreak. I was particularly sensitive to the chapter dedicated to neonates which highlighted very clearly the indirect consequences of this pandemic on the paediatric population. I would like to insist on the situation in the West Indies. The numbers of adult's vital distress sharply increase the need for intensive care beds. Even the great majority of paediatric intensive care units have provided equipment and staff to support the adult units.² However, one of the risks is that we may overlooked the care of critically ill children.³ Despite the quick developing health system in West Caribbean French Island, some critically ill children or neonates might require an air medical evacuation to France for specific disease. Since the beginning of the pandemic, we identified three children whose medical evacuation could not be done in time due to the reduction of available operating room in French paediatrics university hospital. The first patient was a 2-year-old girl suffering from a severe acquired tracheal stenosis. She was hospitalised in paediatric intensive care for severe acute respiratory distress syndrome a week before the start of French containment. She developed a severe and refractory ARDS requiring veno-venous extracorporeal membrane oxygenation. Her condition should have required a medical evacuation in France to first manage the ECMO and then the tracheal stenosis. ECMO has been finally weaned at day 21, and a tracheostomy has been done 4 days later. Nonetheless, the need to perform a tracheostomy in a non-expert centre will probably prevent the girl to have a complete surgical reconstruction of her trachea. The second child was a 4-year-old girl suffering from a brain tumour complicated by moderate intracranial hypertension. She required emergency surgery in a university hospital specialised in paediatric neurosurgery. Unfortunately, the absence of quick repatriation flight required a salvage surgery in a less experiment unit. The prognosis of this patient remains unpredictable. The last patient was a newborn suffering from bilateral choanal atresia. No surgeon was dedicated to the treatment of this non-frequent congenital malformation. The surgery took place at day 3 of life with only a partial success. This child might require another surgical procedure later to completely treat his defect once air medical evacuation is available. We would like through this short communication to sensitise

the health system to the need not to put aside patients not affected by SARS-CoV-2 but who require just as much intensive care. The quality of care in the French Caribbean island depends in part on the ability to evacuate patients needing specialised care in Metropolitan France. In our opinion, it is mandatory to preserve an enough volume of bed and operating room dedicated to children. Not being able to maintain this offer of care would run a major risk in terms of public health and could profoundly and sustainably alter the quality of paediatric care in this part of the world.

CONFLICT OF INTEREST

None.

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REFERENCES

1. Haward MF, Moore GP, Lantos J, Janvier A. Paediatric ethical issues during the COVID-19 pandemic are not just about ventilator triage. *Acta Paediatr.* 2020;109:1519-1521.
2. Moriarty LF, Plucinski MM, Marston BJ, et al. Public health responses to COVID-19 outbreaks on cruise ships—worldwide. *MMWR Morb Mortal Wkly Rep.* 2020;69:347-352.
3. Baker T, Schell CO, Petersen DB, et al. Essential care of critical illness must not be forgotten in the COVID-19 pandemic. *Lancet.* 2020;395(10232):1253-1254.