



IMPACT OF COVID-19 ON CERVICOFAZIAL SURGERY

IMPACTO DEL COVID-19 EN LA CIRUGÍA CÉRVICOFACIAL

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Mr. Editor

The new coronavirus disease 2019 (COVID-19) with an epidemic center in Wuhan City, China, was declared an international public health emergency in late January by the World Health Organization (WHO)⁽¹⁾. The first confirmed case in Peru was on March 6 and, in less than two weeks, the infectious disease was declared a national health emergency, reporting more than 20,000 cases and 572 deaths by April 23⁽²⁾.

The transmission of COVID-19 among humans occurs mainly through respiratory secretions; fecal-oral transmission has also been confirmed; therefore, those health workers who handle patients with aerodigestive tract diseases such as dentists, otolaryngologists, head and neck surgeons, pulmonologists, respiratory therapists, speech therapists, and infectologists are at greater risk of contagion. The first reported case in Wuhan of contagion in a surgical team occurred during video-assisted surgery where 14 health workers were infected⁽³⁾ and the first overall reported fatality of medical staff was from an otolaryngologist in Wuhan city on January 25⁽⁴⁾. Therefore, it is essential to alert all professionals who need to examine the cervicofacial region; whether working with or without access to high aerodigestive pathways, eye examination, rehabilitation procedures or even regional hygiene, the risk of contagion is high, given exposure to mucous membranes and secretions with potential high viral load.

Contamination of surgical equipment exposed to aerosol-generating procedures, such as endotracheal intubation, extubation, noninvasive ventilation, and open-circuit aerosol exposure in tracheotomies and flexible laryngoscopies, has also been reported^(5,6). Due to the high risk of infection in these specialists, the Sociedad Peruana de Cirugía de Cabeza, Cuello y Maxilofacial (SPCCMF) issued a document recommending deferring elective surgeries and external consultations, except for emergencies; restrict medical visits in areas of hospitalization, as well as recommendations in cervical-facial procedures in the context of the pandemic, with special attention to tracheotomies, abscesses, and traumas⁽⁷⁾.

Most patients treated by head and neck surgeons have cancer that is a major clinical problem because they have a more complex therapeutic strategic plan and aftercare. The evaluation of a multidisciplinary team allows us to consider the risk/benefit before a likely change in the approach to the treatment of these patients⁽¹⁰⁾. In the case of patients with carcinomas of the upper aerodigestive tract, where the treatment of choice is surgical, it is important for the identification of cases with diagnostic tests COVID-19 to reduce the risk of viral contamination, both for the patients and health workers. The objective is to minimize the risk of loss of timely surgical treatment and anticipate the increase in the number of patients to be treated at the end of the pandemic, taking into account the degree of urgency, the difficulty of surgery, and the risk of contamination^(11,12).

Concerning personal protection, the SPCCMF specifies the use of personal protection equipment (PPE) necessary in any operating room procedure or surgical intervention, training of the surgical team in the correct use of PPE before any procedure, limitation of personnel in the operating room and appropriate specific sterilization measures to avoid contamination⁽⁷⁾. One of the most important reasons to explain

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the virus infection in health workers may be related to the non-use of PPE and poor education about the correct use of it⁽¹³⁾.

The world is experiencing an unprecedented pandemic where the viral infection is mainly due to exposure to respiratory secretions and the

treatment of the disease is still uncertain. Rigorous compliance with prevention measures, infection control, attention to rapidly changing policies and procedures are essential to reduce risk and mitigate the spread among patients and these specialists.

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