Dear Editor,

We appreciate the authors for their scientific contribution titled current concepts review based on International Consensus Group (ICM) guidelines for “Resuming elective surgery during the COVID-19 pandemic” (1). COVID-19 has a lot of uncertainty, unclear, and frequently changing management protocols, which has significantly impacted the orthopedic surgical practice. Surgeons around the world needed closed introspection, contemplation, and prospective consensual recommendations for safe surgical practice and prevention of viral contamination.

Jerome et al (2) had recently reported an extensive survey involving 100 orthopedics surgeons from 50 countries during the initial and mid-lockdown phases of coronavirus disease. As per their perspectives and recommendations, 77% of the surgeons did not recommend CT scans for their patients irrespective of the emergency and elective nature. They also noted that CT scan is reliable for symptomatic patients when it is done 0 to 2 days after symptom onset. A delayed CT scan has limited sensitivity and negative predictive value. (3) Considering the possibility of false-negative PCR results, Orthopaedic surgeons intend to recommend a chest CT scan for their elective patients. It is also agreed that COVID-19 has, in addition, different lung features and presentations similar to outbreaks such as SARS, adenovirus and the Middle East respiratory syndrome.

Jerome et al study noted consensus could not be achieved among surgeons from 50 countries for recommending CT scan as an alternative to RT-PCR (Reverse transcription-polymerase chain reaction) because of uncertainty and limitations in identifying the specific viruses and distinguishing between viruses (2)

Recommendation of CT scan chest for elective cases should be limited and needs more scientific deliberations.
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References


Conflict of Interest: None Declared