

Regional anesthesia in patients with suspected COVID-19 infection

To the Editor

Coronavirus disease 2019 (COVID-19) pandemic has infected over 823 000 people and caused globally 40598 deaths up until now. The most common symptoms include fever, cough, myalgia, fatigue and dyspnea.¹ Unfortunately, clinicians still have a high risk of contact with asymptomatic infected patients in daily routine. Different guidelines and recommendations for anesthetic management of patients with suspected COVID-19 infection have been published.^{2,3} Although the guidelines include substantial recommendations especially for operating room usage, there are no detailed information for anesthesia and analgesia approach to choose in specific cases. In our clinic, neuraxial anesthesia, peripheral nerve blocks and interfascial plane blocks have become the first choice (whenever possible) for anesthetic management of patients with suspected COVID-19 infection. Similarly, Chen *et al*⁴ retrospectively analyzed the safety of different anesthetic approaches for cesarean section in 17 women with COVID-19 infection. The authors reported that both general and combined spinal-epidural anesthesia were safely performed in these patients, and they suggested neuraxial anesthesia as the first choice to avoid close contact during endotracheal intubation. However, Lippi *et al*⁵ recently published a meta-analysis on the association between thrombocytopenia and

COVID-19 infection. The authors found that the platelet count was lower in patients with more severe infection. Contrary, two studies reported lower platelet counts in patients with non-severe forms of COVID-19.¹⁻⁶ Unfortunately, the onset of thrombocytopenia remains unknown. Moreover, there may be many undiagnosed people undergoing surgeries nowadays. Under these circumstances, is combined spinal-epidural anesthesia really a safe option for patients with suspected COVID-19 infection? European Society of Anesthesiology recently published a guideline for airway management of patients with COVID-19 infection. All the steps of airway instrumentation are clearly explained in this guideline. Similarly, there may be a need for a regional anesthesia guideline in patients with COVID-19 infection.

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REFERENCES

- Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The Lancet* 2020;395:497–506.
- Kim HJ, Ko JS, Kim T-Y, et al. Recommendations for anesthesia in patients suspected of COVID-19 coronavirus infection. *Korean J Anesthesiol* 2020;73:89–91.
- LK T, Ang LS, Foong TW, et al. What we do when a COVID-19 patient needs an operation: operating room preparation and guidance. *Can J Anesth Can d'anesthésie* 2020.
- Chen R, Zhang Y, Huang L, et al. Safety and efficacy of different anesthetic regimens for parturients with COVID-19 undergoing cesarean delivery: a case series of 17 patients. *Can J Anesth/Can Anesth* 2020;395.
- Lippi G, Plebani M, Henry BM. Thrombocytopenia is associated with severe coronavirus disease 2019 (COVID-19) infections: a meta-analysis. *Clin Chim Acta* 2020;506:145–8.
- Yang X, Yu Y, Xu J, et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study. *Lancet Respir Med* 2020:1–3.