

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.

Basak Altıparmak ¹, Melike Korkmaz Toker,¹
Ali İhsan Uysal ², Semra Gümüş Demirbilek¹

¹Anesthesiology and Reanimation, Mugla Sitki Kocman University, Muğla, Turkey

²Anesthesiology and Reanimation, Mugla Sitki Kocman University Training and Research Hospital, Mugla, Turkey

Correspondence to Dr Basak Altıparmak, Anesthesiology, Mugla Sitki Kocman Universitesi, 48000 Mugla, Turkey; basak_ugurlu@yahoo.com

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ORCID iDs

Basak Altıparmak <http://orcid.org/0000-0002-8165-3438>

Ali İhsan Uysal <http://orcid.org/0000-0002-3320-4558>

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