

THORACIC SURGERY DURING COVID-19 PANDEMIC



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1. INTRODUCTION

The Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) induced Coronavirus disease-19 (Covid-19) pandemic, which first appeared in Wuhan, China in December 2019, is still increasing its impact all over the world and causing radical changes in human relations, social life and medical practice. These changes also affect thoracic surgery practice and lead hospital administrators and healthcare professionals to take some precautions. Quick adaptation of health facilities to pandemic conditions plays an important role in minimizing the destructive effect of the pandemic [1].

SARS-CoV-2, which was first detected in respiratory samples on January 7 2020, was found to be a single-stranded RNA virus. It causes symptoms such as fever, cough, shortness of breath, fatigue, loss of taste and smell, conjunctivitis, back and joint pain, headache, diarrhea. Poor prognostic factors can be listed as elevation in D-Dimer, lymphopenia accompanied by computed tomography (CT) findings [2]. CRP values have also been shown to be higher in patients requiring intensive care [3].

Asymptomatic patients may still present with pneumonic infiltrations in CT. It has been shown that CT findings in some patients may progress from focal infiltration to bilateral diffuse ground-

glass opacity within 1 to 3 weeks [4]. It is hard to diagnose Covid-19 in patients with underlying conditions such as chronic obstructive pulmonary disease, interstitial lung disease or lung cancer where Covid-19 related infiltrations may be overlooked [5].

2. THORACIC SURGERY DURING COVID-19 PANDEMIC

With the Covid-19 outbreak, the routine functioning of health facilities has altered, various measures have been implemented and this disease, which has a vague course, has brought the rational use of medical resources to the agenda. In the early days of the pandemic, allocation of personal protective equipment for healthcare workers, the need for hospital beds at ward and intensive care and ventilators in short supply were issues needed to be addressed. As of today, total duration of the pandemic and its effects on health system are still unpredictable, so it has become necessary to resume the treatment of some diseases with high mortality rates. Timing of treatment in patients with malignancy is directly related to prognosis. Early-stage lung cancer patients with 4-,8- and 16 weeks of surgical delay experience upstaging by 3%, 13% and 21% and progression by 13%, 31% and 46% respectively [6].

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