

**Title:**  
**Safety in Digestive Endoscopy during the ongoing Covid-19 pandemic**

**Authors:**  
Jesús García-Cano, Francisco Pérez Roldán

DOI: 10.17235/reed.2021.7748/2020

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:  
García-Cano Jesús, Pérez Roldán Francisco. Safety in Digestive Endoscopy during the ongoing Covid-19 pandemic. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.7748/2020.



*This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.*

Accepted

CC 7748 inglés

**Safety in digestive endoscopy during the ongoing COVID-19 pandemic**

Jesús García-Cano<sup>1</sup> and Francisco Pérez Roldán<sup>2</sup>

<sup>1</sup>Department of Digestive Diseases. Hospital Virgen de la Luz. Cuenca, Spain. <sup>2</sup>Francisco Pérez Roldán. Department of Gastroenterology. Hospital La Mancha-Centro. Alcázar de San Juan, Ciudad Real. Spain

**Correspondence:** Jesús García-Cano

e-mail: jegarca59@gmail.com

**Keywords:** COVID-19. Digestive endoscopy.

*Dear Editor,*

We read with interest the study by Hernández-Camba et al. (1) about the low value of antibody testing for COVID-19 before endoscopic procedures and we would like to make some comments.

Nine months after the first state of alarm was declared in Spain due to the SARS-CoV-2 pandemic, we knew that infections in endoscopy staff were scarce if adequate protection was worn and non-urgent procedures were postponed in patients with an active infection. Therefore, the conclusions of the study currently appear to be self-evident. However, things were different at the time it was performed. The study was performed during endoscopic activity resumption, after almost a complete stoppage of most of the non-urgent endoscopic procedures. Furthermore, at that time, PCR tests on nasopharyngeal exudate were not widely available. The authors point out that a questionnaire was performed before the procedure, together with body temperature measurements and antibody testing. The questionnaire helped to discriminate a group of patients with symptoms who did not undergo endoscopy. Antibodies were only found in four patients (1.9 %) out of the 111 that were included in the study. This low positivity rate was similar to the global presence of antibodies in the population of

Tenerife, where the study was performed (2) (Fig. 1).

There are several practical consequences that could be derived from the study by Hernández-Camba et al. (1). As a single province may have several health districts, the infection prevalence should be taken into account by these health areas instead of the entire province. As a consequence, it would be advisable to perform PCR testing prior to upper gastrointestinal procedures such as gastroscopy, enteroscopy, endoscopic ultrasound and endoscopic retrograde cholangiopancreatography (ERCP), in zones with the highest SARS-CoV-2 incidence. It is well known that “oral procedures” generate a large amount of aerosols.

Digestive scientific societies have already made important recommendations on endoscopic activity during the ongoing pandemic (3,4). However, other parameters should be defined, such as the number of procedures per room or the appropriate cleaning and ventilation between each procedure.

## References

1. Hernández-Camba A, Marcelino Reyes R, Hernández-Guerra M, et al. Pre-procedural antibody testing for SARS-CoV-2 in the routine endoscopic practice. *Rev Esp Enferm Dig* 2021. DOI: 10.17235/reed.2020.7434/2020
2. Ministerio de Sanidad. ESTUDIO ENE-COVID: Informe final. Estudio nacional de sero-epidemiología de la infección por SARS-COV-2 en España. 6 de julio de 2020.
3. Crespo J, Andrade R, Alberca de Las Parras F, et al. Restablecimiento de la actividad en los servicios de Digestivo. Recomendaciones de la SEPD, AEEH, GETECCU y AEG. *Gastroenterol Hepatol* 2020;43(6):332-47. DOI: 10.1016/j.gastrohep.2020.04.001
4. Crespo J, Iglesias-García J, Hinojosa del Val JE, et al. COVID-19 and the digestive system: protection and management during the SARS-CoV-2 pandemic. *Rev Esp Enferm Dig* 2020;112(5):389-96. DOI: 10.17235/reed.2020.7128/2020

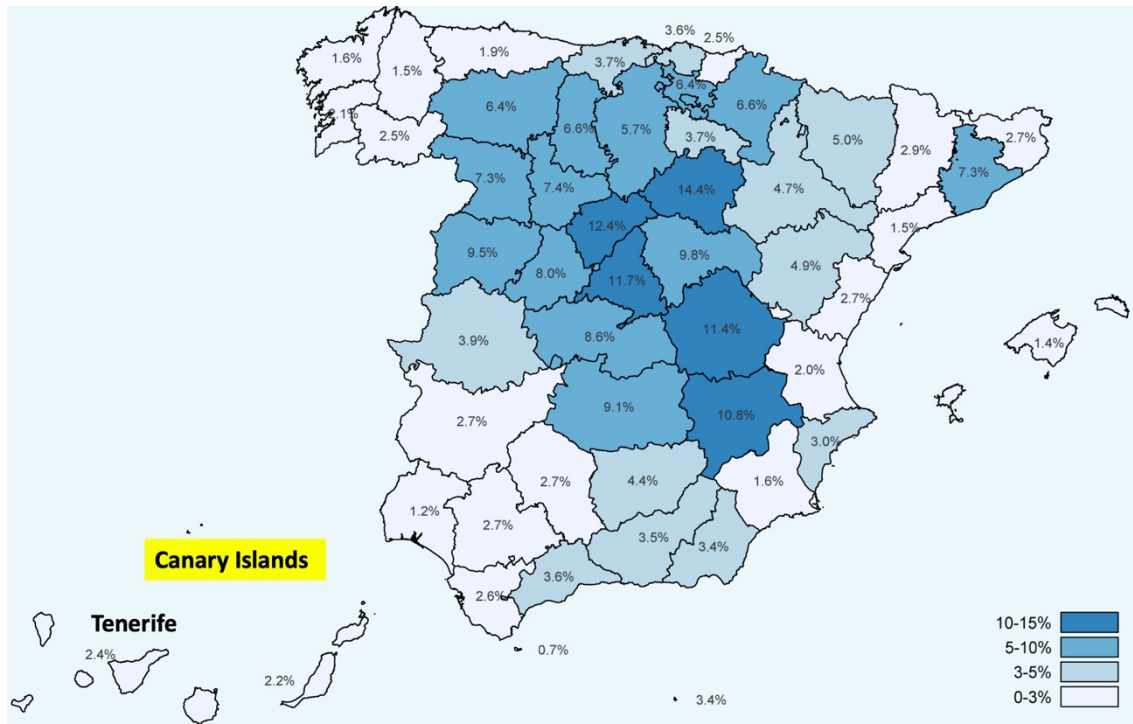


Fig. 1. SARS-CoV-2 seroprevalence rates in the Spanish provinces up to June 22<sup>nd</sup>, 2020 (source Spanish Ministry of Health).