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The Spanish Journal of Gastroenterology

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DOI: 10.17235/reed.2021.7768/2020
Link: PubMed (Epub ahead of print)

Please cite this article as:
Izquierdo Santervás Sandra, Casas Machado Pablo, Fernández Salazar Luis. Influence of the onset of the SARS-CoV-2 pandemic on the diagnosis and treatment of ulcerative colitis. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.7768/2020.

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CC 7768

Influence of the onset of the SARS-CoV-2 pandemic on the diagnosis and treatment of ulcerative colitis

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Keywords: SARS-CoV-2. COVID-19. Ulcerative colitis. Pandemic.

Dear Editor,

We analyzed how the healthcare restrictions that occurred in hospitals in Spain due to the COVID-19 pandemic, mainly in March, April and May 2020, influenced the diagnosis, management and treatment of ulcerative colitis (UC) in our center.

A retrospective cohort study was performed that compared the clinical data of patients with a new UC diagnosis in 2019 and 2020 from March 1st to August 31st, over four months. Patient identification and data were obtained from the endoscopic database (Endobase, Olympus), medical records (Jimena IV) and the clinical reports program in our hospital.

The main results are shown in table 1. Although the total number of cases was the same in both time periods, April 2020 and May 2020 had the highest absolute and relative frequencies of UC (three new cases in both months and 6.8 and 2.0 cases per 100 colonoscopies, respectively), due to the selection of colonoscopy requests. The time from colonoscopy request until it was performed was no longer in 2020, but the

time from the start of symptoms was not analyzed. In 2020, colonoscopy requests from Primary Care were more frequent, probably due to the recommendations to avoid “unnecessary” visits to the hospital. Medical visits were replaced with telephone consultations. UC cases were no more severe in 2020 and UC management was similar to the pre-pandemic setting (1). Although no patient required biologic therapy or colectomy, a 77-year-old male died due to *P. jirovencii* pneumonia. A 15-year-old female receiving 5-ASA suffered COVID-19 with no complications. As the suspicion of UC prioritized the request for colonoscopy (2), healthcare restrictions did not imply a lower number or delay in UC diagnosis. However, the consequences on UC management and the evolution of the patients will have to be thoroughly analyzed with better and longer studies.

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Table 1. Differences between new UC patients from March to August in 2019 and 2020

	March-August 2019	*March-August 2020*	*p*
New UC cases	11	11	
Total colonoscopies	2,190	1,306	
UC cases/100 colonoscopies	0.50	0.84	
UC patients age	52 (27)	63 (53)	0.511
UC patients gender (female)	4/11 (36.4 %)	7/11 (63.6 %)	0.201
Colonoscopy request from Primary Care Colonoscopy request from Internal Medicine Colonoscopy request from Gastroenterology Colonoscopy request from other units	0/11 (0 %) 1/11 (9.1 %) 10/11 (90.9 %) 0/11 (0 %)	4/11 (36.4 %) 2/11 (18.2 %) 4/11(36.4 %) 1/11 (9.1 %)	0.048
Inpatient new UC cases	2/11 (18.2 %)	3/11 (27.3 %)	0.611
Time from request to colonoscopy (days)	6.00 (6.00)	5.00 (2.00)	0.533
RCP (mg/dl)	4.55 (32)	3.90 (39)	0.859
Fecal calprotectin (ug/g)	1,782 (2,886)	2,442 (2,836)	0.880
Extension E1 Extension E2 Extension E3	4/11 (36.4 %) 4/11 (36.4 % 3/11 (27.3 %)	2/11 (18.2 %) 7/11 (63.6 %) 2/11 (18.2 %)	0.431
Mayo Endoscopic Index 1 Mayo Endoscopic Index 2 Mayo Endoscopic Index 3	1,711 (9.1 %) 5/11 (45.5 %) 5/11 (45.5 %)	1/11 (9.1 %) 6/11 (54.5 %) 4/11 (36.4 %)	0.904
5-ASA treatment	10/11 (90.9 %)	11/11 (100 %)	0.306
Time from colonoscopy to 5-ASA (days)	0 (41)	0 (0)	0.179
Budesonida enemas treatment	2/11 (18.2 %)	1/11 (9.1 %)	0.534
Oral beclometasona treatment	1/11 (9.1 %)	2/11 (18.2 %)	0.534
Systemic steroids treatment	3/11 (27.3 %)	3/11 (27.3 %)	1.0
Thiopurines treatment	1/11 (9.1 %)	3/11 (27.3 %)	0.269
COVID-19 disease	0/11 (0 %)	1/11 (9.1 %)	0.500

Follow-up visits to the hospital	2 (2)	0 (6)	0.003
Telephone consultations	0	1(2)	0.002
Patients with UC follow-up admissions	1/11 (9.1 %)	1/11 (9.1 %)	1.0
Mortality rate	0/11 (0 %)	1/11 (9.1 %)	0.500

Continuous variables are expressed as the median and interquartile range and categorical and ordinal variables as absolute and relative frequencies. The Mann-Whitney U and Chi-squared tests were used.