Endoscopy in isolation: effect of COVID-19 on endoluminal diagnoses in a Level 3 hospital

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Background: The SARS-CoV-2 2019 (COVID-19) pandemic has had a dramatic effect on the ability to deliver acute in-hospital care due to restrictions on elective and emergency services. This has been compounded by patients’ reticence to attend their general practitioner or emergency department. We sought to identify if these service disruptions affected the endoluminal diagnosis of malignancies in our Level 3 hospital.

Methods: All patients who received a diagnosis of colorectal, gastric, or oesophageal carcinoma who underwent endoscopy in our centre from March 2020 to the end of July 2020 were identified. As a control we also assessed all patients with the same diagnosis who were diagnosed between March and July 2019. Averages expressed as mean ± standard error of the mean.

Results: There were 184±79 endoscopies performed monthly during the affected period in 2020 compared to 341±26 for 2019. There were 23 malignancies during the time period in 2020 compared to 31 in 2019. Only two colorectal cancers were identified on routine colonoscopies in 2020, all other malignancies were identified on urgent scopes in both years. The mean time from referral to scope was 25.5±9.6 days compared to 22.3±3.3 and mean number of diagnoses per month was 4.6±0.9 compared to 6.2±0.6 per month days with no significant difference observed noted (P=.758 and P=0.171 respectively).

Conclusions: Despite unprecedented strains on the health service and a severe reduction in endoscopy activities, our institution preserved urgent endoscopy services with no significant impact on waiting time. Further follow up is underway to assess if patients presented with later stage disease.

Keywords: Cancer; colorectal; coronavirus; endoscopy; oesophageal

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Footnote

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