



Gastrointestinal endoscopy in children and COVID 19 pandemic- ESPGHAN endoscopy SIG statement.

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Pediatric gastroenterologists are greatly exposed to SARS-CoV-2 infection during endoscopy procedures, therefore endoscopy SIG prepared a statement on how to continue to work and protect ourselves at the same time in pandemic time.

The European Society of Gastrointestinal Endoscopy (ESGE) (www.esge.com) and the European Society of Gastroenterology and Endoscopy Nurses and Associates (www.esgena.org) have recently published a short, structured and comprehensive position statement on gastrointestinal endoscopy and the COVID-19 pandemic, in order to provide clear instructions on how to protect patients and health care personnel against contracting this viral disease (<https://www.esge.com/esge-and-esgena-position-statement-on-gastrointestinal-endoscopy-and-the-covid-19-pandemic/>).

SARS-CoV-2 virus can infect people of any age; however children are probably less susceptible to COVID-19 than adults and especially the elderly ¹. The COVID-19 has become a global pandemic. Symptomatic patients are most contagious, but asymptomatic individuals (children) can also spread the disease ². Human-to-human transmission can occur in many different ways such as through respiratory secretions, aerosols, contaminated environmental surfaces, and also contaminated faeces ³. The incidence of GI symptoms varies significantly among different study populations, along with an early and mild onset frequently followed by typical respiratory symptoms.

So far there are no effective drugs or vaccines. Therefore, it is of crucial importance to prevent the spread of the disease. The following may help paediatric endoscopy units and endoscopists in their deliberations in respect of the 'when', 'who' and 'why' of paediatric endoscopy. In addition, this advice may help in decreasing inter-person transmission. Clearly, following the World Health Organisation advice in conjunction with ESGE advice as laid out in the above reference is ideal. In essence elective procedures – especially those such as upper gastrointestinal (GI) endoscopy which is an 'aerosol-generating procedure' (AGP) – should be put on hold at present. Equally ileo-colonoscopy, given that we know now that COVID-19 can be excreted in stools. Local and physician judgment should occur when determining which patients require urgent endoscopic diagnostic testing, but these should be kept to a minimum. Obviously, life-saving endoscopy such as GI bleeding and button battery ingestion are mandatory and should not be deferred. In the event of endoscopy being required a full personal exposure protection package should be worn by those in the immediate vicinity of the endoscopy including an FFP3 mask or equivalent – normal surgical masks are inadequate. If biopsies are taken, then these are immediately placed into formalin. Any accessories used should immediately be disposed of and incinerated as per local policy. Extra care should be taken if the patient is known to be carrying SARS-CoV-2 or to have had recent contact. A risk to benefit balance should clearly occur in any such circumstances both for the patient and for the staff involved.

References:

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2. Bai Y, Yao L, Wei T, et al. Presumed Asymptomatic Carrier Transmission of COVID-19. *JAMA* 2020 Feb 21 (Epub ahead of print).
3. Xiao F, Tang M, Zheng X, Liu Y, Li X, Shan H. Evidence for gastrointestinal infection of SARS-CoV-2. *Gastroenterology* 2020 Mar 3 (Epub ahead of print).

