Experience of Oculoplastic Practice in Times of COVID-19 Pandemic at a Tertiary Care Centre: Precautions and Challenges

Sir,

Coronavirus infectious disease 2019 (COVID-19) is now a global pandemic, which is responsible for major concern in the healthcare sector because of its highly contagious nature. A single case of COVID-19 in a healthcare provider can infect and jeopardise the capacity of the whole hospital. Direct human-to-human transmission through cough, sneeze, droplet inhalation, and transmission through contact with mucous surfaces like mouth, nose, and eye are the major routes of transmission. In procedures which deal with both diagnosis and treatment of patients with eye diseases, such chances of getting infection are more because of the lengthy surgeries performed under anesthesia. This is because of inhalation of airborne viral particles that can continue to be suspended in the air for long time.

Ophthalmology, including orbit and oculoplastics, is among the specialties with high risk of getting infection. To operate in cases of emergency conditions like eyelid laceration and exenteration, there are chances of direct exposure to the infected person’s blood, oral fluids, or body surfaces, like, mucosal surfaces such as conjunctiva, nose and mouth. The later can easily harbour viral particles generated via activities associated with aerosol spread, like coughing, talking without a mask and indirect contact with contaminated devices in environmental surfaces because of working near the infected patients.

Although COVID-19 pandemic is temporarily controlled in Pakistan, it is still in full swing in our neighboring countries like India. All sectors of life have been affected. Some medical specialties are on the top in terms of risk of getting the disease. There is a high risk of cross-infection in ophthalmology, especially orbit and oculoplastics due to their lengthy surgical reconstructive procedures, notably in patients with tumors and trauma. Although, majority of our patients can be delayed but some cases present a real challenge. The triage system for screening patients related to orbit and oculoplastics only picks such important cases, which include advanced orbital tumors, eyelid lacerations and orbital cellulitis. Most of our patients need hospitalisation and workup.

Our experience in the past four months includes dealing with eyelid lacerations, orbital cellulitis, very large and advanced tumors and inflammatory conditions like, acute thyroid orbitopathy (Figure 1a to d). Most of them need urgent intervention.

PATIENTS’ CONSENT:
Informed consents were obtained from the patients to publish the data concerning this case.
CONFLICT OF INTEREST:
Authors declared no conflict of interest.

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REFERENCES


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