

Patient with Profound Anemia due to Hemorrhoids during the Pandemic Period

Sir,

Since the emergence of COVID-19 pandemic, profound changes have been observed in the characteristics of patients in the emergency rooms and other clinics.¹ The COVID-19 pandemic has drastically changed surgical priorities around the world, leading to importance being given to cases requiring urgent surgery and oncologic surgery, while patients with less urgent surgical conditions, such as asymptomatic gallstones and hemorrhoids have been indefinitely postponed.^{2,3} As the spread of COVID-19 puts more strain on the healthcare system, it has become necessary to set new priorities. Guidelines have been produced to help prioritise cases, but challenges remain due to accumulating cases, both during this current crisis and after the peak of the pandemic. Hospital managements need to develop long-term strategies for prioritising surgery.³ Failure to make a timely decision to postpone non-emergency operations will result in the inability to obtain the necessary resources for COVID-19 in a timely manner. Not delaying elective surgery will increase COVID-19 transmission with increasing hospital visits and depletion of necessary materials, which have increased importance during the pandemic period, such as personal protective equipment used during surgery.⁴ On the other hand, postponing surgery can cause the cases to become more complex.⁴ For example, within the last few months, a 48-year male patient with congenital blindness and mental retardation was admitted to our clinic with the complaint of fatigue for two weeks. The patient had undergone rectosigmoidoscopy six months earlier, due to rectal bleeding. Grade 3 internal hemorrhoids were seen. The patient was added to the surgical list; but did not present to the hospital due to the pandemic. He had occasional rectal bleeding over six months. Vital signs included a heart rate of 86 beats/min, blood pressure of 117/69 mmHg, respiratory rate of 18 breaths/min, and an oxygen saturation of 100% on room air. The physical examination was unremarkable. The laboratory analyses showed hemoglobin of 2.9 g/dL, hematocrit 11.3%, mean corpuscular volume 63.1 fL, and mean corpuscular hemoglobin 25.9 g/dL. Other hematological and biochemical parameters were within normal limits. Four units of erythrocyte suspension were transfused to the patient. Post-

transfusion hemoglobin was 7.7 g/dL and hematocrit was 26.2%. Surgical consultation was made and he was added to the list of early elective surgery. The patient was discharged from the emergency room after transfusions and was operated on 10 days later.

In conclusion, postponing surgical cases during the pandemic period may cause emergency service admissions to become more complicated cases.

CONFLICT OF INTEREST:

The author declared no conflict of interest.

AUTHOR'S CONTRIBUTION:

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