

Response to: Interventional radiology and COVID-19: evidence-based measures to limit transmission

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Dear Editor,

We appreciated the paper of Chandy et al. (1) entitled "Interventional radiology and COVID-19: evidence-based measures to limit transmission." The authors understood and clearly exposed measures to limit a possible transmission of the novel Coronavirus known as SARS-CoV-2, which has become a global pandemic with more than 723 700 cases reported worldwide at the time of this letter. We agree in implementing all protective measures in place, when a patient is suspected of having or affected by COVID-19, to reduce a possible risk of infection in other patients and healthcare personnel (1–3). In addition, to further reduce a possible risk of infection in the interventional radiology area, if the structural condi-

tions of the rooms allow it, setting up a one way path from clean to dirty for patients and healthcare personnel is another organizational regulation to be observed.

Interventional radiologist performs minimally invasive procedures that require a reduced percentage of anesthesiologist assistance and postprocedural intensive care admissions, compared with classical open/laparoscopic surgery. Therefore interventional radiology procedures are to be considered first-line measures, especially in this period where anesthesiologists and intensive care units are burdened by the large number of admissions related to COVID-19.

Conflict of interest disclosure

The authors declared no conflicts of interest.

References

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