Letter to Editor: In response to existence of SARS-CoV-2 in the peritoneal fluid

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We read with great interest the article recently published by Ilgen et al.[1] in which the authors prospectively collected peritoneal samples of patients positive for SARS-CoV-2 undergoing cesarean section. Their study increases the understanding of SARS-CoV-2 and the risk of infection while performing surgery, however, we would like to caution the authors in their conclusion. The authors findings are that none of the eight patients were positive for SARS-CoV-2 in their peritoneal samples and thus conclude that the exposure due to aerosolization of surgical fumes does not seem to be likely. Although the majority of case reports and case series have not been able to identify the presence of SARS-CoV-2 in the peritoneum, our recent systematic review on the topic found that 5.9% of the cases are likely to be positive, which is even higher for patients with severe disease.[2]the virus responsible for COVID-19, in the abdominal cavity as well as in other abdominal tissues which surgeons are exposed has been investigated in several studies. The aim of the present systematic review was to analyze if the virus can be identify in the abdominal cavity.\nMethods We performed a systematic review to identify relevant studies regarding the presence of SARS-CoV-2 in abdominal tissues or fluids. Number of patients included as well as patient's characteristics, type of procedures, samples and number of positive samples were analyzed.\nResults A total of 36 studies were included (18 case series and 18 case reports) Thus, there is a theoretical risk of exposure to healthcare providers while performing surgery in infected patients. In a similar way, the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) guidelines in the topic recommends protective measures to prevent the exposure in the era of COVID-19.[3] or suspecting of having, the SARS-CoV-2 as well as the healthcare team involved.\nMethods Systematic literature reviews were conducted for 2 key questions (KQ)

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Reply to:

Existence of SARS-CoV-2 in the peritoneal fluid

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We are gratified to note the international interest our article has sparked among medical practitioners. Romero-Velez et al.[1] recently presented an article entitled "Presence of SARS-CoV-2 in abdominal tissues and biologic fluids during abdominal surgery: a systematic review"; highlighting the substantial risk of viral particle dispersion during abdominal surgery, particularly in severe disease cases. Our research focuses on cases from the earlier stages of the pandemic when our understanding of the virus was not as advanced as it is today. Another Italian study by Fabbri et al.[2] stated that all their samples tested negative for SARS-CoV-2 RNA. Still, like other researchers, they emphasized that the risk could not be entirely ruled out and advised appropriate precautions. We concur that further research is necessary to shed more light on this issue.[3] Our primary goal should be to minimize the surgical team exposure to surgical fumes and other patient-derived substances, regardless of the specific pathogen. SARS-CoV-2 has undoubtedly brought more attention to this concern. We align ourselves with the guidelines of the Society of American Gastrointestinal and

Endoscopic Surgeons (SAGES)[4] and recommend implementing protective measures, even though numerous studies have failed to detect the virus in peritoneal samples. We extend our gratitude once more to Romero-Velez et al.[1] for maintaining the relevance of this discussion.

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