

Delay in the Care of Non-COVID-19 Patients Amid the Ongoing Pandemic: The Predicament of a Clinician

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Abstract

COVID-19 pandemic has resulted in severe social and economic impacts around the globe. It had a major impact on the healthcare systems posing a great challenge to the efficient delivery of healthcare services to the public. The authors hereby want to highlight the predicament faced by the healthcare workers in treatment of patients suffering from non-COVID diseases.

Keywords: COVID-19; SARS-CoV2; Healthcare Workers

Introduction

The ongoing SARS-CoV2 Pandemic had moved from being unprecedented to being the 'New Normal'. The World Health Organization, on March 11th 2020, declared it to be a pandemic with socio-economic implications and its spread has been unabated since [1].

With the current norms of social distancing and sanitization, the impact on medical practice is widespread. Workforce and staffing issues, procedural prioritization, risk of viral transmission, re-organizing and developing operating space are few areas, altered to adapt to a safer practice is straining the healthcare system [2].

India's response to the pandemic has been phenomenal with one of the most stringent laws of social distancing and limiting mobility by suspending all domestic and international travel for the last three months. With the upliftment of lockdown and relative relaxation of the rules, a few restrictions remain.

However, the brunt of the ongoing pandemic is on the people suffering from non-COVID-19 conditions, who, unfortunately, are

not the main focus. With limited access to healthcare facilities, travel restrictions, and economic drain, the risk of developing complications multiplies by folds and, in turn, is more crippling for the patient both physically and economically [3]. Various diseases presenting to Otorhinolaryngology clinics, like Head and Neck cancers, Malignant otitis externa, require multidisciplinary management for optimal treatment planning. But with the prevalence of drug-resistant infections and increased requirement of injectable antibiotics, managing the patient without in-person meetings, becomes a dilemma. The authors hereby report two cases to highlight this predicament.

Case Reports

Case 1

A 67-year-old man had presented to the emergency room with respiratory distress and stridor for 3 days with a past history of hoarseness for 8 months. No history of neck trauma, difficulty in swallowing, weight loss, or fever present. The patient had known addiction to tobacco consumption for 40 years. On examination, oral and nasal cavities were found to be free from any lesions. No

palpable lymph nodes in the neck. The laryngeal framework appeared to be widened and laryngeal crepitus was present. Emergency tracheostomy was done to secure the airway. The direct laryngoscopic examination was done in the same setting, which confirmed, an ulcero-proliferative growth involving bilateral true and false cords, obscuring the chink and extending into the sub-glottis. Bilateral aryepiglottic folds, arytenoids, pyriform sinuses, and post cricoid area were found to be free from growth. Contrast Enhanced Computed Tomography (CECT) report showed heterogeneously enhancing growth involving bilateral true and false vocal cords with invasion of thyroid cartilage at site of anterior commissure with extension into sub-glottis. Multiple reactive lymph nodes are seen at bilateral levels II, III. Biopsy report showed moderately differentiated squamous cell carcinoma (T4aN0M0). The patient was worked up and planned for a Total Laryngectomy. At this point, COVID-19 Pandemic reached our institution. In view of the anticipated delay in operative intervention, the patient was referred to the Department of Radiation Oncology for further management.

Case 2

A 63-year-old man presented with complaints of swelling in the right side of the oral cavity associated with pain for 4 months. No history of trauma, change in voice, difficulty in breathing/swallowing, bleeding/discharge from swelling, or weight loss. On evaluation, he was found to have a 4 x 3 cm non-tender, proliferative lesion over the right buccal mucosa with surrounding induration, extending up to the retromolar trigone. The overlying skin was free. No neck nodes were palpable. Contrast enhanced computed tomography (CECT) of neck and chest showed heterogeneous mass involving right posterosuperior aspect of buccal mucosa involving retromolar region with subcentimetric non-necrotic nodes in right level Ib and II cervical region. Metastatic workup was done and biopsy reported moderately differentiated Squamous cell carcinoma(T3N0M0). The patient was planned for surgery. However due the increasing number of COVID-19 Cases, a delay in definitive treatment was anticipated. Hence, the patient was referred to Radiation Oncology for further management.

Discussion

In the current report, we present two cases of patients with non-COVID ailments whose management plan and therapeutic decisions changed due to the ongoing pandemic. These situations can

be a dilemma for the healthcare worker, making them more vulnerable in such unprecedented times.

Treatment in current times, pose as a conundrum when it comes to decision making. Since the approach is multidisciplinary and the outcomes are comparable, we should consider the pros and cons and the risk of COVID-19 exposure in each case and cater to the patient accordingly. The socio-economic background and inaccessibility to a hospital in rural setup, poses a challenge to the treating doctor as well as the patient. Although protocols for treatment are in place, individual consideration on humanitarian basis, to fit the situation can be proposed.

The current rule of thumb is the cancellation of elective appointments and surgeries, but no disease is truly elective. Delay in treatment can lead to complications, sometimes, life-threatening, which could otherwise be avoided. Teleconsultation and regular photographic monitoring of patients should be done to ensure home isolation of the patient. The decision for an in-person consultation, if anticipating a complication, should be considered with adequate precautions according to protocol like Personal Protective equipment (PPE), N95masks, and face shield. An honest discussion of the situation with the patient should be the most important consideration.

The authors want to highlight the enigma of treating head and neck malignancies with palliative radiotherapy instead of definitive surgery which has arisen during the COVID-19 pandemic. The problem with palliative radiotherapy is decreased survival as compared to definitive curative surgery. The various factors contributing to this situation include delay in reporting of the patient to OPD due to travel restrictions in the ongoing pandemic, economic factors due to loss of work during the lockdown, impediment in delivering adequate healthcare facilities to these non-COVID cases by healthcare workers due to commitment to combat the COVID-19 pandemic.

Conclusion

The ongoing pandemic is challenging for all healthcare professionals worldwide. It is more challenging for an Otorhinolaryngologist due to the intrinsic exposure risk to aerosols. Clinical decision-making should result from a multidisciplinary approach and should keep the patient factors into account.

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