Plexiglas barrier box to improve ERCP safety during the COVID-19 pandemic

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Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. In this case, EUS-FNA was used to differentiate groove pancreatitis from malignancy. This is an interesting point, but in practice an experienced radiologist can usually distinguish between these 2 distinct clinical entities.

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Since December 2019, more than 1.5 million cases of COVID-19 infection have been recorded worldwide, and the number of infected patients is rapidly increasing. Medical personnel are at great risk for acquiring COVID-19 infection because of their high exposure to patients' body fluids and the aerosol generated during GI endoscopic procedures. With the idea of minimizing the spread of aerosols during endoscopy, we are using a specially designed transparent Plexiglas box (length 90 cm, width 70 cm, height 60 cm) with a smaller opening on the side for the endoscope (diameter 60 mm) and 2 openings for the anesthesiologist's maneuvers and the passage of various equipment cables (each diameter 150 mm) (**A**). During ERCP, the patients are sedated in the prone position with both arms extended next to the head to facilitate the approach of the anesthesiologist (**B**). The Plexiglas box does not limit necessary access to the patient, the endoscopic procedure, or the quality of the flouroscopic

DISCLOSURE

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Commentary

Necessity is the mother of invention. The COVID crisis of 2019 to 2020 has made it clear to all concerned that endoscopy in this setting needs to be performed safely, from the perspective of both patients and healthcare providers. The authors in this case have enclosed their patient's head in a clear Plexiglas box to reduce the spread of aerosolized GI secretions. In theory, this device (or a device like it) could be used for any upper or lower endoscopic procedure, including bronchoscopy.

The authors note that they have not tested the actual *ability* of this device to reduce the spread of disease, but perhaps this will come with time. It should be noted that the patient in this case is not intubated and that intubation in the context of general anesthesia is another highly effective way to reduce or nearly eliminate aerosolization of GI secretions (after the intubation procedure itself is complete, of course).

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Inspissated pill occluding a self-expanding biliary metal stent



