



# THE COVID-19 PANDEMIC FROM ANATOMIC PATHOLOGY LABORATORIES IN PERU

LA PANDEMIA DE LA COVID-19 DESDE LOS LABORATORIOS DE ANATOMÍA PATOLÓGICA DEL PERÚ

Karina Patiño-Calla<sup>1,a</sup>, Alejandro Yabar Berrocal<sup>1,2,a</sup>

## Mr. Editor

The anatomic pathology specialty plays a fundamental role within the multidisciplinary health systems team, since the majority of diseases are diagnosed by studying changes in cells, tissues and organs at both the macro and microscopic levels. Thus, this specialty is generally circumscribed in: surgical pathology, cytology and necropsy. Today, with the advent of new technologies in Peru, the practice of the specialty has considerably expanded its activity (immunohistochemistry, immunofluorescence, electron microscopy, molecular pathology, among others)<sup>(1)</sup>. Physicians in this specialty, as well as colleagues across the country and around the world, are currently experiencing an unsettling reality generated by COVID-19. This illness is of a magnitude never seen before by health personnel, and resulted in an avalanche of changes and restructuring of healthcare activity and specialist training program<sup>(2)</sup>.

Since the first case diagnosed in our country on March 6, 2020<sup>(3)</sup>, our government has taken restrictive measures that have had an impact on the activity of anatomic pathology laboratories. Most hospitals have invested their efforts and economic resources in diagnosing and treating COVID-19. A number of planned surgical procedures were cancelled and delayed. As a result, the different early detection systems for cancer (such as cervical or breast cancer) were deactivated and all autopsies were suspended. This situation has destabilized the medical care of patients with diseases other than COVID-19, including oncology patients, patients with chronic degenerative diseases and those awaiting organ transplantation. As a consequence, the number of cytology and surgical pathology samples received in anatomic pathology laboratories decreased overall<sup>(4)</sup>. However, the services in our country stayed in operation with the objective of continuing with the quality of diagnostics, when biosecurity measures for health professionals and administrative staff had to be implemented at the highest level. The anatomic pathology laboratories have undergone rigorous organizational changes<sup>(5)</sup>, redistributing the shifts of all personnel in order to reduce the facilities' capacity. Likewise, the option of teleworking and leave of absence for reasons of age or comorbidity has been offered and, in situations of service need, medical assistance personnel, specialized residents, technologists and laboratory technicians have been reassigned to COVID-19 affected areas.

It is known that, anatomic pathology areas are medical facilities with high chemical and biological risks; therefore, the current situation requires a careful management of biological risk, and a reinforcement of protocols and guidelines to establish and maintain a safe working environment for all personnel, maintaining high quality standards for diagnosis. In these circumstances, it is essential to share among laboratories worldwide modified protocols that can better cope with COVID-19 exposure and that can

<sup>1</sup> Facultad de Medicina Humana, Universidad Ricardo Palma, Lima, Perú.

<sup>2</sup> Hospital Nacional Edgardo Rebagliati Martins – EsSalud, Lima, Perú.

<sup>a</sup> Medical specialist in pathological anatomy.

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ensure a higher level of biosafety for personnel working in a pandemic scenario, which is also an opportunity to improve protocols and develop better solutions for the present and the future.

The Peruvian Association of Pathologists developed the paper *Recomendaciones para el manejo y procesamiento de muestras y necropsias en anatomía patológica ante la pandemia del COVID-19*<sup>(6)</sup> (Recommendations for the management and processing of samples and necropsies in anatomic pathology in response to the COVID-19 pandemic. This paper was prepared from a systematized selection of international information, a task that was carried out by Peruvian specialists in anatomic pathology. This document has been shared through

social networks and the institution's web page and is available to physicians from all over the country.

Certainly, this pandemic has required our maximum health performance. Therefore, we consider that the areas of anatomic pathology in our country have been facing such an arduous task with nobility, always prioritizing patient care. The authors also honor pathologists who have chosen to retire from support work in these circumstances. Their effort and commitment in their respective workplaces will always be valued. In addition, they recognize young pathologists who have taken on leadership roles responsibly, leading a specialty of the highest importance within the diagnostic support unit.

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**Correspondence:** Karina Patiño-Calla

**Address:** Jr. Joaquín Bernal 591, Dep 701, Lince.

**Telephone:** 942943962

**Email:** karinapc55@gmail.com

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