Handling of Pediatric Gastroenterology Services during COVID Lockdown

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COVID-19 brought life to a sudden standstill. The lockdown sent us back to the medieval era. Like all fields of medicine, pediatric gastroenterology services in India suffered a phenomenal setback. The past gains, the present pulse and the future momentum were all severely affected.

The medical impact of the crisis

With the unavailable routine outpatient, inpatient, laboratory, endoscopic, interventional and surgical services, many diseases suffered a life threatening outcome. Therapy relied on hope and not science. Timely referred but unoperated biliary atresias were quietly discharged. Doctors grieved with the parents as we sent these infants home, knowing we would never see them again. Workup for intrahepatic cholestasis was halted and incomplete. Neonatal liver failures were denied breast feeds and deliberately switched over to soy presuming galactosemia pending confirmatory tests. Autoimmune liver disease patients developed steroid toxicities due to unsupervised tapering. Despite the burning liver, azathioprine could not be initiated in many due to hesitations in adequate monitoring. Wilson's disease patients stopped chelation abruptly due to unavailability. Some of them returned to us with liver failure and neurological deterioration. Elective liver transplantation stopped being a necessity. Budd-Chiari syndrome patients were rescheduled indefinitely for endovascular intervention. Liver abscesses were sent back undrained with the hope that an oral cocktail of antibiotics would resolve them. Endoscopy, an aerosol generating procedure was deferred for safety to the patient and health carers. Most hospitals in India could not adhere to the need for protective kits due to scarcity. Endoscopic surveillance of variceal bleeders now depended solely on the faith of beta blockers. The endoscopist wondered how many lives would be at stake in the periphery. Polyps were left to bleed drop by drop, supplemented only by hematinics. Progressive gains on esophagogastric strictures saw a lost battle. The fibrosis recoiled, the dysphagia worsened and the nutrition suffered. With lack of endoscopic retrograde pancreatography (ERP), chronic pancreatitis patients with stones and strictures continued to overdose their analgesics. The long term effects of peptic ulceration, analgesic nephropathy and potential opioid addiction are yet to be seen. Those with limited analgesics rationed their stock and endured their pain instead. On a brighter note, the functional disorders saw a rapid decline. Patients stopped complaining and parents seldom called for persistent problems. This made us wonder if benign negligence was the optimal therapy instead.

The social impact to the patient

Lack of transport was the main reason for medical inaccessibility. Evolving medical problems were procrastinated until emergency set in, often too late to intervene. Emergency transport to reach the hospital was more expensive often with bribes to cross the check-points. Inter-city and inter-state borders were sealed. Premature discharges were made to pave way for COVID wards. Discharged patients could not return home, stuck in transit. Migrant and daily labourers lost wages. Farmers had abundant crops but no manpower for harvest. Small businesses closed. Blackmarkets flourished. Nutrition in most families suffered. As healthy siblings sacrificed for their sick ones, the parents were left to ponder in dilemma. Celiac disease patients bought rice flour for twice the cost, often breaching compliance at the cost of satiety. Special formula feeds became unsustainable due to local unavailability. Formula dependent patients had limited options and questionable survival. With closed outpatient services, chronic conditions were left to the mercy of God and nature. Parents became doctors and managed relapses with their limited experience. Blood transfusion became a major issue. Donors could not reach for blood-letting and blood banks ran dry. Blood donation camps were shut down. Though triage was necessary in the hospitals, untransfused anemia culminated to frank cardiac failure

Pediatric gastroenterologist, the saviour

As the government tightened the noose on lockdown, the health care workers jumped to salvage the emergencies, risking their own lives and families. These were men and women of valour and grit. Hospitals functioned with half the staff, on rotatory schedules, to limit their exposures and keep them in reserve to brace the storm ahead. Pediatric endoscopists still managed variceal bleeders despite the lack of personal protective gears and N-95 masks. Acute liver failures underwent successful emergency liver transplantation despite struggles of limited resources for the liver transplant team. Acute pancreatitis with respiratory distress was still welcome to the ICUs. Was it acute lung injury or concomitant COVID infection, we wondered? No foreign body, sharp or blunt, small or large was left unretrieved. Stricture dilatations were continued, to relieve the dysphagia and sustain the nutrition. It did not matter whether the children coughed during the procedures. Patient's life was more important. Flares of autoimmune hepatitis and inflammatory bowel disease were managed telephonically with limited immunosuppression. Pediatric gastroenterologists coaxed with the surgeons to operate upon the subacute luminal obstructions. They coordinated with pharmacists and local practitioners for continuity of care. Medical opinions on intercurrent illnesses and management of acute conditions were provided on text messaging apps and video-conferencing. Tertiary care centers encouraged telemedicine with peripheral towns. In this crises, doctors even donated blood, fed the poor and shared their limited earnings as charity.

Setbacks in training and research

The resident doctor, the junior most in the hierarchy faced the greatest challenge in this catastrophic human history. From their regular training programs they were diverted to serve the COVID wards, a battlefield of its kind. After duty, he faced the strictest quarantine and sacrificed his personal needs. Academic sessions in institutes were officially cancelled for social distancing. Endoscopy training, an essential part of the pediatric gastroenterology curriculum suffered as regular endoscopies were cancelled. Super speciality entrance exams were postponed and existing training periods are on the verge of being extended. Research came to a screeching halt with the attrition of patients, violations in the protocols and missing data.

Conclusion

Without a shade of doubt, the Hippocrates Oath was overwhelmingly served to the fullest. However, unlike us, Hippocrates did not work for any government or institute. We, the doctors abided by the directives of the government and respected the lockdown which was meant for a greater good. Today's doctor is hailed as a fearless soldier at the border fighting to keep away the infiltration, not worrying for his own viability or future. Some have become martyrs. The spring has gone and the sweltering summers have set in. The end of this misery, timeline to return to normalcy and long term medical impact of this lockdown on Pediatric Gastroenterology services are mere questions at this crisis point.

The article is author's own narrative based on observations and feedback. No conflict of interest with any person or organisation. The author attaches a poem with a social message written by Dr Amrit Gopan, final year DM resident (Pediatric Gastroenterology), Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

"Lock down"..A budding Pediatric Gastroenterologist's perspective!

(by Amrit Gopan)

A locked down lumen is constipation …

A locked down liver is a hilar stricture…

A locked down pancreas is PD calculus..

With a locked down Pediatric GI ,we do have a mixture…

Mild acute Pancreatitis he was ..

Turned into a recurrent one..

That bleeder painted his walls red..

Will he see the morning sun ?...

That jaundiced infant with atresia

Innocently turned senile…

His ninety day birthday he spent at home…

His lumen won't see no bile…

No rice at home claimed his mother…

All I have is some wheat flour …

He gave himself a gluten challenge ,

A few rotis he did devour…

Didn't think before gulping that liquid…

Food pipe is no more straight…

Its been a while since his last "opening up"

This has been too long a wait…

Two were fun we thought always..

Before the elder one fed coins and marbles..

No means to reach the right place..

Tried local washes, pats and gargles…

Oh cytopenia isn't why we avoided penicillamine…

Now he cant anyway take the same..

Because once his father steps out of home..

He'll encounter sticks which'll make him lame!!

Oh gosh I started immunosuppression ..

What's his last hemogram?....

Does the neutrophil count play hide and seek?...

Flaring infections, oh damn !!

Daily we do come for work..

Routinely clean the scope…

Anticipating some child somewhere might need..

Where we are the only hope…

We're worried too for our own dear ones..

Lest we infect them with this agent…

Ready to live separate for a fortnight …

If so , isolated under a tent…

We're in a spot, or are we not ?

Indeed say some, some differ…

As each one has his story to tell..

Some of them make us shiver…