



COVID-19 and Plastic Surgery: The Internist's Point of View

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Editorial

After its discovery in Wuhan, China, the COVID-19 pandemic has hit the world over. The first reports are related to patients consuming food on the seafood and meat market, indicating an initial transfer from meat to human occurred [1]. COVID-19 pandemic signs vary from asymptomatic carrying of the infection to serious severe acute respiratory distress syndrome [2]. COVID-19 has spread unprecedentedly around the world owing to its strong infectious and dangerous natural and no vaccine currently presents [3]. As a consequence, physicians all over the world have the greatest scientific problem of the 21st century, and so have to face it. Expansions of escalations in large metropolitan areas such as Wuhan (China), Bergamo (Italy) or New York (USA) function only as exceptions, they are only symbolic for far more areas who have had to take control of unknown numbers of seriously sick patients needing respiratory treatment and life-threatening sequelae within days. Although the origin of the virus can be traced back to Asia, several countries in Europe and even the USA were severely hit by the pandemic [3,4].

Advancements to date often indicate that traceability of the outbreak chain by rigorous research accompanied by immediate isolation or quarantine is an important key to preventing the pandemic as long as no vaccination or drug is present. Furthermore, previous information has shown that only wearing a traditional nose-mouth mask may not provide self-protection yet nonetheless tends to deter possible COVID-19 transmission from asymptomatic people [5-7].

The new COVID-19 pandemic has a huge effect on everybody's daily life and also influences plastic surgery industry, of course [8,9]. As physicians, we are responsible for growing the spread of the SARS-CoV-2 virus from person to person and thereby halting the unchecked, rapid rise in new cases.

It is vital that we, as conscientious physicians, work towards reducing the spread of viruses and using up resources for the care of patients with severe illness [10]. However, the public wants to be ensured the care of emergency and critical situations in plastic surgery. Better training procedures would require faster decision taking to assess if operations can be conducted in a healthy manner for both patient and staff care. Furthermore, by our discussions, we ought to be actively engaged in the debate on the creation of standards and legislation to ensure the treatment of COVID-19 patients and in the production of potential solutions for surgery as a whole, and in specific this specialist sector.

During the pandemic, the art of plastic surgery is curtailed to emergency new and urgent treatment, in an attempt to minimize the likelihood of spread of illness and to minimize the reduction of precious services. As the pandemic progressively resolves, the technical effectiveness will expand accordingly. Hopefully soon, all recommendations should be taken in the background of the capabilities of each institution and incidence of diseases in the country.

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