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EDITORIAL

Preparedness for Second Surge and Recommendations

What a difficult time to be alive, even more so if you are a front-liner in a deadly global battle.

The impossible challenges thrown by something smaller than a microorganism has thrown human knowledge and expertise off-balance. What began as cases of unidentified pneumonia in December 2019 is still going strong, and we are standing in January 2021 having barely scratched the surface of the Covid-19 mystery.

All over the globe, the rapid evolution of this virus and the consequent pandemic it triggered has caused health care professionals, including Radiology & Imaging specialists, to change their perspective overnight. To rise to the challenges of the first surge, we adapted new strategies that have been implemented worldwide in developed as well as developing countries such as ours with limited resources. Unfortunately, the battle is far from over and we are now bracing ourselves for the second surge.

Imaging plays a vital role in the screening, triage and management of Covid-19 affected patients[1]. This is why the measures we previously employed now need to be improved upon, as well as practiced more diligently. Additionally, important new issues need to be addressed and newer strategies implemented to combat the second wave and to keep up pace with the repetitive mutation of the SARS-CoV-2.

Of paramount importance are the issues of safety for both the patient and the radiologist. Radiology personnel with comorbidities especially vulnerable to the virus should be urged to stay home and stay protected. The more realistic approach would be widespread practice of tele-radiology over the internet. An effective re-organization of medical staff would be beneficial, along with an elective system that separates Covid-19 suspicious or confirmed cases from other patients completely. This is especially true for imaging of the critically ill and terminal patients, such as cases from oncology. Separate CT, X-ray or ultrasound equipment may be used wherever resources are available, otherwise a separate timeslot may be assigned for these cases, with appropriate precautions taken[2].

During this period, all physicians should be educated and updated regarding latest global developments through webinars, virtual meetings and other tools available in the context of our country. Imaging features relevant to Covid-19, structured reporting formats and CO-RAD systems ought to be made familiar to all radiologists[3].

In addition to thoracic imaging, manifestations and complications of Covid-19 must also be read up on. Conditions such as pulmonary thromboembolism, stroke, myocarditis, Covid-19 related intracranial encephalopathy and hemorrhage should be kept in mind[4].

Since the inception of the novel coronavirus, online teaching has been highly appreciated and welcomed in both undergraduate and post graduate radiology courses. Frequent webinars and interactive seminars should be organized till date to stay updated with current imaging trends of the developed world.

A notable trend abroad has been the updating of personal computers to PACS workstations. In a developing country like ours, we could employ widespread use of virtual platforms for teaching radiology, educating our staff and clinical reporting. While reporting particularly difficult cases, this platform may be used to get a second opinion from experienced senior consultants. Thoracic imaging teams may be formed who will interact online with medical pulmonologists as well as physicians in other fields, and thereby work as a team to achieve the best results. Epidemiological and scientific research should also be promoted to understand specific patterns of the disease in specific localities.

Lastly, in view of the impending calamity, utmost care should be taken of mental health, a concept still elusive and often disregarded in our country. For the emotional well-being of hospital staff, social media could be a godsend, so they might stay in touch even during long hours of exhausting duty. Monetary incentive including certain health insurance policies have already been implemented by our government[5].

We could also attempt to take a leaf out of others' books, for instance, in the US, universities are implementing innovative ways of keeping up morale of health care professionals. For instance, University of Cincinnati is offering virtual fitness challenge, University of Wisconsin is offering Yoga, while New York University have come up with virtual coffee hours[3]!

Here's wishing ourselves and our fellow physicians the very best of luck in the inevitable war that will soon ensue.

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References:

1. Fang Y, Zheng H, Xie J, Lin M, Ying L, Pang P, Ji W. Sensitivity of chest CT for Covid-19: comparison to RT-PCR [published online ahead of print Feb19, 2020].*Radiology*.http://doi.org/10.1148/radiol.2020200432
2. Shaimaa Abdel, Sattar Mohammad, Ahmed M Osman, Abeer Maghawry , Khaled A Ahmed, Noha M Taha, Ayman Saleh, Ashraf Omar, Mahmoud El-Meteini, Mona Adel Mohamed ; *Egyptian journal of Radiology and Nuclear Medicine* 51, article number:216 (2020)
3. Vagal A, Reeder SB, Sodickson DK, Goh V, Bhujwalla ZM, Krupinski EA. The impact of the Covid-19 pandemic on the radiology research enterprise: radiology scientific expert panel [published online ahead of print, Apr 15, 2020]. *Radiology* 2020:201393. http://doi.org/10.1148/radiol.2020201393
4. Rubin GD, Ryerson CJ, Haramati LB et al. The role of chest imaging in patient management during the Covid-19 pandemic: a multinational consensus statement from the Fleischner Society [published online ahead of print, Apr 7, 2020]. *Radiology*. http://doi.org/10.1148/radiolo.2020201365
5. Mossa-Basha M, Deese J, Vincic D, Sahani DV. Coronavirus disease 2019(Covid-19): radiology department financial impact and planning for post-COVID recovery. *J Am Coll Radiol* 2020; 17(7):894-898