

The novel coronavirus



In an extremely recent article in the Journal of Bone and Joint Surgery, Dr. Zhu's article in the New England Journal of Medicine published in February this year was quoted linking the coronavirus to a seafood and wholesale wet market in Wuhan China. Singapore detected the first confirmed case of COVID-19 in a tourist from Wuhan on January 23, 2020. From the experience in China changes to clinical practice were guided by three main principles. Clinical urgency, patient and healthcare worker

protection, and conservation of healthcare resources.

Most of the things we are experiencing now in our clinics and in our hospitals are a result of authorities following these basic principles.

Elective and non-urgent procedures have been canceled and

postponed during the heaviest part of the outbreak. In



a *Lancet* publication

by Dr. Chen half of the patients infected by COVID-19 admitted to the hospital had chronic comorbidities such as diabetes, heart disease and lung disease. Patient with severe symptoms had a tendency to be older with more underlying comorbidities.

It is extremely concerning that this can occur in younger patients as well. Conflicting reports have also emerged that attribute the

severity of symptoms to say to “Cytokine storms” in immunocompetent individuals. A high index of suspicion even when seeing younger and healthier patient was recommended.



The article recommended being very vigilant even when seeing low risk elective younger patients. It suggested that we all be champions of good hygiene practices and open minded as we adopt the new novel workplace we all now live in.

Laing et al. The Novel Coronavirus. Jour Bone and Joint Surg. 2020;102:745-9

