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Chinese Expert Consensus on the Management of Patients with Emergent Gynecologic Hemorrhage during the Coronavirus Disease Pandemic

To the Editor:

Patients with emergent gynecologic hemorrhage are characterized by having acute onset and massive bleeding, such as with ectopic pregnancy rupture and bleeding, incomplete abortion, especially cesarean scar pregnancy abortion, and cervical pregnancy abortion. Excessive blood loss, hemorrhagic shock, and even life-threatening events can occur if treatment is not timely. This consensus was led by the Reproductive Health Branch of the Chinese Preventive Medicine Association, the Gynaecological Endoscopy Professional Committee of the Chinese Medical Doctor Association, and the Gynaecological Endoscopy Branch of the Beijing Medical Association.

Triage Process of Emergency Treatment

Patients with suspected cases should visit fever clinics for further investigation under the guidance of specific personnel through designated channels. For patients who are critically ill, cannot visit fever clinics, and will be in a life-threatening condition if not treated imminently, hospital consultation procedures should be initiated. Those unable to be confirmed

for coronavirus disease are considered suspected individuals. We suggest that whether complicated with fever and/or respiratory symptoms or epidemiologic history, patients should be admitted immediately and transferred to isolation wards or isolation operating rooms for emergency treatment by well-protected medical staff according to emergency procedures. Patients with infection-eliminated cases should be treated according to the disposition process of emergent gynecologic hemorrhage (Fig. 1).

Treatment Procedure

Conservative Treatment

Conservative treatment should be given to patients with stable vital signs, excluding abortion, residual tissue inside the uterine cavity, and genital tract space-occupying lesions, or patients whose bleeding can be controlled with medication, as assessed by doctors. Common medications [1] include hemostasis medication, hormonal medications, and uterotonic agents. The selection and dosage of medications should be considered according to the relevant diagnosis and treatment specifications and the specific conditions of patients [2]. The physician needs to determine whether the patient's condition can be treated in the emergency department or transferred to the ward for observation. Before hospitalization, coronavirus disease screening must be completed (Fig. 2) [3].

Fig. 1

Workflow of emergency treatment. EMS = endometriosis; COVID-19 = coronavirus disease; CRP = C-reactive protein; HCG = human chorionic gonadotropin; PCT = procalcitonin.

Fig. 2

Workflow of conservative treatment during the COVID-19 epidemic. COVID-19 = coronavirus disease; ED = emergency department.

Fig. 3

Workflow of surgical treatment during the COVID-19 epidemic. COVID-19 = coronavirus disease.

Surgical Treatment

Surgical treatment applies to patients with excessive bleeding and unstable vital signs, including massive hemorrhage caused by pregnancy-relevant incomplete abortion, ruptured ectopic pregnancy and cesarean scar pregnancy abortion, endometrial abnormal hyperplasia/lesions in perimenopausal women, sudden hemorrhage caused by benign and malignant tumors of the genital system, and conditions evaluated by physicians requiring surgical intervention to control bleeding. Surgical treatments include emergency curettage, laparoscopic and laparotomic exploration, and vascular interventional therapy [4]. The surgical methods should be selected by a comprehensive analysis according to the specific condition of the patient. Patients requiring surgical treatment should be managed in accordance with inpatient management requirements (Fig. 3) [5].

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Emergency Gynecologic Surgery for Life-Threatening Conditions in the COVID-19 Pandemic Period

To the Editor:

Since December 2019, the outbreak of novel coronavirus disease (COVID-19) has become a global pandemic and a widespread disaster [1]. Although the COVID-19 epidemic has become well controlled in China, as of May 31, 2020, it had spread to 215 countries, areas, or territories [2]. The number of cases is still growing at a stable alarming speed. The total number of people infected reached 6 750 521, and the death toll was 395 779 [3,4]. The mortality rates are currently the highest in France and the United Kingdom (19.43% and 14.21%, respectively). The Eastern Mediterranean region and South-East Asia are currently at the center of the pandemic. The situation of the COVID-19 pandemic is still worse in the United States. On the basis of the analysis of China's situation, COVID-19 can be controlled [5]. It has been proven that personal protective equipment and the correct isolation measures are highly effective. At present, the recovery rate in China is 95.99%. Governments should take several actions to protect public health and healthcare workers (HCWs) [6–8]. Most importantly, the global infection rate of medical staff has reached a critical level, and more than 5000 medical staff members in Italy have been infected. Severe acute respiratory syndrome coronavirus 2