

EDITORIAL

Yet another COVID-19 special

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Almost a year ago, the Netherlands Journal of Critical Care published a special COVID-19 edition. In the editorial of that issue I wrote ‘Hopefully, the measures imposed on society and the beneficial effect of the vaccination campaign will soon slow down the pandemic so that we all, including the NJCC, can return to a relatively normal situation.’^[1] Unfortunately, the reality is that we, society in general and ICU professionals in particular, are still facing a large influx of COVID-19 patients, and with the emerging new variants a light at the end of the tunnel is far from visible. As the total number of patients admitted to our ICUs with SARS-CoV-2 pneumonia has passed the 16,000 mark, our experience with this disease is also increasing. Old, new and improved treatment options, ranging from corticosteroids and ventilation strategies to Il-6 inhibitors and monoclonal antibodies, and vaccinations, developed, tested and administered at an unprecedented speed have significantly changed the way we prevent and treat this disease. The amount of scientific data published daily is staggering, reflected by the large number of papers submitted to the NJCC covering COVID-19 related subjects. In this edition of the journal, we have bundled the most interesting articles, ‘commemorating’ yet another year of COVID-19.

Thromboembolic complications are a hallmark of COVID-19 infections, as we have all experienced. Melchers et al. investigated different strategies to detect venous thrombosis and show us that, despite intensive prophylaxis and dexamethasone treatment, venous thrombosis is prevalent in COVID-19 patients.^[2] As the authors conclude, the presence of venous thrombosis may warrant more anticoagulation, further improving prognosis. On the other side, intense anticoagulation has its downside. Karels-van den Berg et al. report on two serious adverse bleeding complications associated with the use of therapeutic anticoagulation.^[3] The authors warn us about the use of prolonged anticoagulation, especially if the patient’s condition

changes, as is the case in patients admitted to the ICU for a longer time.

Compared with the adult population, children are affected by the COVID-19 pandemic in different, albeit not less impactful, ways. Lockdowns, closure of schools and the inability to interact with peers are very detrimental for childhood. Fortunately, most children infected with SARS-CoV-2 do not experience serious physical symptoms.

A small proportion, however, develop severe, post-infection multisystem inflammatory syndromes. Colleagues from the Emma Children’s Hospital present two cases of this syndrome (MIS-C) admitted to their PICU.^[4] Van der Zande et al. show us that, although the lion’s share of public attention is aimed at the adult ICU, COVID-19 can have very severe effects on the health of children, a further reminder that COVID-19 affects the total population, with no exceptions.

COVID-19 has had a large impact on our daily workflow, with many of us finding new ways to run our units. Nieswaag and colleagues from Leiden University Medical Centre report on how they managed the challenges of quarantine cohort ICU care and a diminished nurse-to-patient ratio, using specially trained medical students.^[5] Although this innovative way to work was born out of necessity, the authors conclude that this may lead to a more effective workflow, even when things go back to a relatively normal situation. After two years of COVID-19 patients being treated in ICUs, knowledge on long-term outcomes is increasing. Flikweert et al. present a prospective cohort study showing that, even after successful recovery from the ICU, muscle strength and pulmonary function remain affected two months after hospital discharge.^[6] We all celebrate the success as patients leave our units in relatively good condition, sometimes after weeks of deep sedation and mechanical ventilation (in this report the median number of

days on mechanical ventilation was 12 (IQR 8-22)), but it is good to remember that at that point, the struggle for patients to recover is only beginning.

On behalf of the editorial board of the NJCC, I hope that you will enjoy this second special COVID-19 edition of the journal.

References

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Hopefully, a third edition will be compiled of articles looking back at this remarkable pandemic, but time will tell. For now we wish you a happy and healthy 2022.