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Telemedicine for Pediatric Inflammatory Bowel Disease in the Era of COVID-19.

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Authors

Verstraete, Sofia G
Sola, Ana M
Ali, Sabina A

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After 1 month, pruritus disappeared and sBA normalized (4.6 $\mu\text{mol/L}$). Follow-up at 3 and 8 months confirmed the absence of pruritus and cholestasis (sBA: 1.9 and 5 $\mu\text{mol/L}$). Serum liver tests, alpha-fetoprotein level, and liver elastography value (Super-sonic Shear Imaging: 6 kPa) were normal. This report shows that in our PFIC2 patient GPB is as efficient as PBA to improve pruritus and cholestasis and allows good oral tolerance and therapeutic adherence.

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*[†]Marion Almes, [‡]Agathe Jobert, [†]Martine Lapalus,
[†]Elodie Mareux, *[†]Emmanuel Gonzales, and
*[†]Emmanuel Jacquemin

**Pediatric Hepatology and Liver Transplantation Unit, National Reference Centre for Biliary Atresia and Genetic Cholestasis, FILFOIE, ERN RARE LIVER, Bicêtre Hospital, Assistance Publique – Hôpitaux de Paris, University Paris-Saclay, Le Kremlin-Bicêtre*

[†]*Inserm U1193, Hepatinov, University Paris-Saclay, Orsay*

[‡]*Pediatric Unit, Saint Nazaire Hospital, Saint Nazaire, France*

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Telemedicine for Pediatric Inflammatory Bowel Disease in the Era of COVID-19

To the Editor: Telehealth is a widely adopted solution to maintain high-quality care for patients with chronic diseases while lessening the risk of transmission of SARS-CoV19 (1,2).

We would like to share our experience in expanding our telemedicine capability to address the comprehensive care needs for our pediatric inflammatory bowel disease (IBD) population.

Our Pediatric IBD center is located in the Bay Area, one of the earliest adopters of shelter in place. Given an existing telemedicine practice at our institution, we were able to convert appointments in less than a week to 100% telehealth visits. Our primary goals as we implemented our telemedicine program included the following:

- Screen patients before infusion appointments, to keep infusion center safe.
- Telehealth visits with patients receiving home infusion.
- Injection teaching.
- Routine care to our patients with IBD, including multidisciplinary visits (Pediatric Gastroenterologist, Nurse), Practitioner, Social Worker, Pediatric Dietician, Interpreter, and other specialists such as Surgery, Rheumatology, Immunology).
- Provide urgent evaluations during flares to minimize emergency room visits and admissions.
- Support ongoing IBD clinical trials.

We instituted a weekly virtual meeting with the care team to review acute issues, disseminate current literature on SARS-CoV-19 and IBD, and navigate limitations in available resources, such as nonurgent procedures. As we rethink our care algorithms to accommodate social distancing, we are also creating alternatives that we hope to continue beyond this pandemic (3).

Despite physical limitations we continue to promptly address questions, coordinate complex care, and triage clinical needs while enabling patients to stay at home, helping to reduce the spread of the virus to mass populations and the medical staff on the frontline.

*[†]Sofia G. Verstraete, [‡]Ana M. Sola, and *[†]Sabina A. Ali
**Department of Pediatrics, University of California, San Francisco*
[†]*UCSF Benioff Children’s Hospital San Francisco*
[‡]*University of California, San Francisco, School of Medicine, San Francisco, CA*

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Heightened Central Line-associated Blood Stream Infection Risk During a Pandemic

To the Editor: We wish to update the pediatric gastroenterology community on a critical issue for children with intestinal failure (IF) that threatens to increase emergency department visits and hospitalizations during the pandemic related to