

# Characteristics of neuro-oncology patients after COVID-19 pandemic.

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## Abstract

**Coronavirus disease 2019 (COVID-19) is a type of viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which was first detected in Wuhan, Hubei, China in December 2019. Typical common clinical manifestations of COVID-19 include respiratory symptoms (e.g. fever and cough), loss of appetite, nausea, vomiting, diarrhea, and neurological manifestations.**

**Keywords:** COVID-19, Neuro-oncology, Respiratory syndrome.

## Introduction

The primary recognized instance of COVID-19 in December 2019 in Wuhan, COVID-19 has quickly spread across the globe with almost 200 nations impacted. Based on past involvement in the SARS-CoV flare-up toward the start of the 100 years, the Chinese government has executed severe measures, by which a huge number of occupants in urban communities in China were segregated to dial back the spread of the COVID-19. Also, numerous clinical foundations contributed significant clinical assets to battle against COVID-19. The COVID-19 pandemic has truly disturbed medical services, including the clinical therapy of patients with neuro-oncology. Notwithstanding, neuro-oncology cases are exceptional to that they can become basic whenever, and subsequently postpones in treatment might influence careful results [1].

In April 2020, the pandemic was generally taken care of in Wuhan, the patients with COVID-19 were moved to particular medical clinics for additional therapy, our specialization started to slowly treat non-COVID-19 patients. With numerous nations having managed the plague circumstance, emergency clinics have been expected to make acclimations to oblige non-COVID-19 patients. In this paper, we thought about clinical information, seriousness of sickness, and careful results of the patients with normal neuro-oncology (gliomas or meningiomas) from April to May for 2019 and 2020 to assess results for activities. Our point is to give ideas to the treatment of neuro-oncology following the COVID-19 pandemic.

We reflectively investigated non-COVID-19 patients with gliomas or meningiomas affirmed by obsessive assessment present activity from April on May for 2019 and 2020. Information on socioeconomics, past clinical history, comorbidities, imaging, pathology, lab nipple, and results were gathered structure patients who were hospitalized in our emergency clinic framework [2]. Growth sizes were determined with the technique for XYZ/2 that has been approved with the highest quality level of PC volumetric estimation.

CT and MRI were acted in all patients before activity to really look at the qualities of cancer and its encompassing life systems for careful preparation. The careful methodology depends on the area and size of the cancer, growth expulsion was achieved utilizing standard microsurgical procedure. For meningioma resection, a similar standard strategy was utilized for complete resection of mind growths when COVID-19 pandemic. For glioma resection, neuroelectrophysiological procedure and yellow fluorescence method were utilized to help amplify eliminate glioma under the state of defensive capacity, yet for the intraoperative wake-up innovation, dissimilar to before the pandemic, it not utilized after pandemic because of absence of clinical assets. All ordinarily appropriated information are introduced as mean  $\pm$  standard deviation, and non-regularly dispersed information are introduced as medians with interquartile ranges (IQRs) [3]. All investigations were performed utilizing SPSS 21.0 (IBM Corp., Armonk, NY, USA). Since the information examination was review and no extra blood or in vitro tests were gathered, a full morals survey of the details of the morals board of trustees of Wuhan University Zhongnan Hospital was not needed.

Altogether, we gathered date structure 80 patients that went through a medical procedure just in our middle which was ordered into four gatherings: 28 and 11 meningiomas patients when the pandemic, separately, and 22 and 19 gliomas patients when the pandemic, individually. The typical ages for each gathering were 56.54, 49.48, 53.73, and 49.16 years, individually. There were four patients (18.18%) with intermittent gliomas before the pandemic, who all got ordinary chemoradiotherapy, while only one of the three (15.79%) backslid patients after the pandemic got chemoradiotherapy. The most well-known introducing side effects were intracranial hypertension and neurological shortfall. Hypertension and diabetes were the most well-known comorbid sicknesses. For hospitalization time, an opportunity to sit tight for an activity and the time from activity to release was longer after than before the pandemic [4].

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