

Letter to Editor

Restriction of autopsies during the COVID-19 epidemic in Italy: prudence or fear?

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Dear Editor,

as a pathologist who, for many years, has been dedicating himself to the execution of autopsies – among other things – I am obliged to make some criticisms of the article published in *Pathologica* “Management of the corpse with suspect, probable or confirmed COVID-19 respiratory infection – Italian interim recommendations for personnel potentially exposed to material from corpses, including body fluids, in morgue structures and during autopsy practice,” and pose some questions to the authors.

In my opinion, this article has given rise to a series of misunderstandings the result of which has been self-limiting our work in the name of safety. During this time, what have pathologists been doing in the rest of the world? In the many autopsies performed by Chinese and worldwide pathologists, there was not only a variety of lung damage, but also kidney damage was noted ¹. Just to name a few of the many works published during this period, there was talk for the first time of endotheliitis and infection of endothelial cells in COVID-19 ², and other authors described venous thromboembolism in patients with COVID-19 ³.

I would have expected a group of experts to tell me only how to quickly equip my pathology sector room to the highest levels of bio-safety and how to equip and educate the operators with the best PPE and how to use it, rather than how to implement the lockdown of the pathology departments in all Italian hospitals – even in those equipped and ready to deal with SARS-CoV-2.

That the safety of operators must be the main goal to confront with is a certainty; however, it does not mean that autopsies should not be performed.


The statement ‘the reported data suggest that in SARS-CoV-2 infection the histological examination does not have a diagnostic role in the first instance but confirms the result of the laboratory test and of imaging.’ is completely wrong and gives rise to false reasoning. Modern medicine is based on evidence, and we need to collect that clinical evidence (data) to understand disease – especially a new one. Nothing can be taken for granted before the evidence itself is collected, which can only be accomplished through pathology.

Our priority remains the same: the study of the pathological bases of diseases; whether they are cardiomyopathies, inflammatory, degenerative diseases, foetal deaths or tumours makes no difference. Since a large

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Conflict of interest

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part of routine histopathological diagnostics in Italy stopped during this period, this would have been the ideal time to return to autopsies at the highest levels. Was it not self-restricting to limit ourselves in such an epoch-making moment for modern medicine?

Doesn't this article show that we are slowly losing the sense of our profession, which was born in the pathology sector?

Are we forgetting our tradition? Are we forgetting Morgagni and his "De sedibus et causis morborum per anatomen indagatis"?

By stopping our autoptic activity, have we not disrespected the many colleagues on the front lines against SARS-CoV-2?

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