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Background: The SARS-CoV-2 pandemic has played an important role in the increase of loss of follow up for cancer cases in general. Especially in gastrointestinal cancer, during this pandemic, the routine outpatients often refused to continue treatment planning, starting earlier from the pandemic. This leads to increasing emergency presentations of the gastrointestinal cancer patients, and, as we know, delayed presentation and emergency operations do not fare as well as elective and well-prepared treatments, and there are more post-operative morbidities.

Methods: This retrospective study started from March up to August 2020, including all gastrointestinal cancer patients, already diagnosed during the pandemic and with no previous treatment. The recurrence cases were excluded from this study. Each stage of gastrointestinal cancer was reported after finishing the stage of the cancer. Elective or emergency treatment was evaluated.

Results: During our last 5 months, we reported 48 cases of gastrointestinal cancer patients. 33 patients were already diagnosed as colorectal adenocarcinoma, 28 patients had large bowel obstruction and needed emergent operation. The 15 other patients had malignant biliary obstruction due to advanced stage periampullary tumors, including pancreatic head adenocarcinoma, distal and proximal cholangiocarcinoma, with signs and symptoms of cholangitis. Four patients in the colorectal cancer group did not survive, all of them had large bowel closed loop perforation associated with the obstruction before and prolonged sepsis. In the periampullary cancer group, palliative surgery was done in all of the cases, 2 patients had unfavorable outcomes associated with delayed biliary obstruction and severe cholangitis on presentation.

Conclusions: The SARS-CoV-2 pandemic has had a great impact in the delayed presentation of gastrointestinal cancer patients. Better informed consent has been needed during this pandemic and in the future to reduce loss of follow up. Keywords: sars-cov-2, delayed presentation, gastrointestinal cancer.

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