

Is Dysbiosis the Source of the Problem in SARS-CoV-2 Infection?

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Abstract

We consider that the severe pulmonary processes in SARS-CoV2 infection are due to the intense dysbiosis that this infection produces, so we look at other pathologies in which similar symptoms occur, as a result of intense dysbiosis (inflammation) and based on this, trying to carry out parallels, to try to attribute to the Intestinal Microbiota Transplantation a similar attitude, which if so, we would be facing a tool, which we believe can be used, in those patients with severe morbidity, which potentially translates a death.

It is alarming the number of deaths that the SARS-CoV2 is producing and if the ventilatory therapy, associated with specific measures of the Intensive Care Units, do not manage to address the problem adequately, and not because of lack of good therapy, but because, as We have mentioned, in severe dysbiosis, once alveolar stiffness is caused, there is little to do. Perhaps before this alarming phenomenon appears, the Intestinal Microbiota transplant could help, since we are facing an immunological emergency and the super-organ, could well lead to strengthening of the immune system and consequently be supportive therapy. While considering the warnings that the FDA makes in this regard.

Keywords: SARS-CoV2; Intestinal Microbiota Transplantation (IMT); Probiotics; Mediterranean Diet

Introduction

December 31, 2019 will be an unforgettable date, as it is the start of the Covid-19.

Understanding that Intestinal Microbiota Transplantation (IMT) has caused controversy [1,2], but has also led to the development of numerous articles, establishing its benefit [3-6], it is necessary to take it into account, above all, given its low morbidity [7] as well as technical ease [8].

Although there is no history of having been managed with IMT in the treatment of SARS-CoV2 infection, as well as any coronavirus, the evaluation of the donor should be strictly considered, since the potential for transmission of COVID is not yet known. Therefore, the use of the procedure must contain even stricter recommendations [9]. It is time to evaluate the administration of microbiota prepared before December 2019, frozen, since it is very difficult to contain the virus, although it is necessary to be certain of this and, in case of doubt, make the specific study of SARS-CoV-2 in the same.

The signals made by the FDA regarding the potential risk of transmission through the transplant should be considered, and they comment that, at the present time, donors must be questioned exhaustively and analyzed, in order to detect SARS-CoV-2. Therefore,

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the informed consent must include this possibility. In addition, in the feces of asymptomatic donors, for Covid-19, the study should be performed [10].

Since the procedure will be slightly more difficult in potential patients to be managed with IMT, the retention enema should not be ruled out [11].

Conclusion

Phases 1 and 2 of the infection: Minimal clinical data or tolerable clinical manifestations. Home isolation, probiotics and the Mediterranean diet [12-14].

Phase 3 of the infection: Clinical data, worrisome. Laboratory tests for SARS-CoV2 and hospital management, considering the inclusion of probiotics and the Mediterranean diet. Do not forget to manage fever with Acetaminophen and a careful shower with water, as hot as possible.

Phase 4 of the infection: Clinical severity data. Comprehensive management in intensive care. If the patient tends to be unrecoverable, evaluate management with Intestinal Microbiota Transplantation, being very strict with the Donor, when carrying out an exhaustive clinical history and determination of nasal-oral tests for SARS-CoV2, he is still asymptomatic; including in stool.

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