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Letter to the Editor

Evaluation of Long-Coronavirus Disease 2019 Cases Readmitted to Intensive Care Units Due to Acute Respiratory Failure: Correspondence

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Dear Editor,

We would like to comment on the publication "Evaluation of Long-Coronavirus Disease 2019 Cases Readmitted to Intensive Care Units Due to Acute Respiratory Failure: Point Prevalence Study."[1] An evaluation of long-term Coronavirus disease-2019 (COVID-19) patients was the goal of a study carried out by the Turkish Thoracic Society's Intensive Care and Respiratory Care Unit. The sample consisted of 41 individuals with an average age of 66 years, drawn from 11 different centers. The study found that heart failure (27%) was the most common comorbidity, followed by high blood pressure (27%), diabetes (51%), lung and other malignancies (34%), and diabetes (51%). Eighty percent of the patients had received the COVID-19 vaccine. Participants experienced mild respiratory failure from hypoxia despite vaccination, and tests like the APACHE II and SOFA scores showed markedly severe illness in this group.

Although this study provides valuable insights into the characteristics and treatment response of long-term COVID-19 patients, it also has several obvious shortcomings and weaknesses. The relatively small sample size of 41 patients prevented generalizability of the results. Furthermore, the lack of a control or comparison group made it difficult to draw clear conclusions about the effectiveness of the treatment or the long-term outcomes for these patients. The study relied primarily on observational data, which may introduce bias due to differences in treatment protocols across participating centers. In addition, the cross-sectional nature of this study may limit our understanding of the long-term progression of COVID-19 symptoms and associated complications over time.

Increasing the sample size and adding a control group could improve the results' robustness in subsequent research. Long-term cohort studies could offer more thorough insights into COVID-19's long-term tendencies, which could enhance our comprehension of the acute and chronic stages of the illness. Involving various geographic and demographic groups may aid in identifying variations in the presentation and consequences of the disease, resulting in the development of suitable therapies. Standardizing treatment plans and diagnostic standards throughout facilities may also make it possible to compare and assess data collected more accurately.

There is great potential for novel approaches to long-term COVID-19 management that use interdisciplinary methods. Using modern imaging techniques and biomarkers, researchers can investigate the underlying pathophysiology of long-term COVID-19 symptoms, potentially revealing particular targets for therapeutic intervention. Furthermore, research into the role of rehabilitation programs, mental health assistance, and interdisciplinary care strategies could help to inform long-term COVID-19 management procedures. Given the ongoing pandemic and the possibility of new mutations arising, more research into the long-term effects of COVID-19 will be critical in shaping healthcare policies and treatment frameworks in the post-pandemic period.

Availability of Data and Materials: The data that support the findings of this study are available on request from the corresponding author.

Peer-review: Externally peer-reviewed.

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1. Tunçay E, Moçin Ö, Ediboğdu Ö, et al. Evaluation of long-coronavirus disease 2019 cases readmitted to intensive care units due to acute respiratory failure: point prevalence study. *Thorac Res Pract.* 2024;25(4):162-167. [CrossRef]