Thorac Res Pract. 2025;26(2):85-86 DOI: 10.5152/ThoracResPract.2024.24075

Letter to the Editor

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

Hinpetch Daungsupawong[1], Viroj Wiwanitkit[2]

[1]Private Academic Consultant, Phonhong, Lao People's Democratic Republic
[2]Saveetha Medical College and Hospital, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India

Cite this article as: Daungsupawong H, Wiwanitkit V. Evaluation of cases of long-Coronavirus disease-2019 reported as being readmitted to intensive care units due to acute respiratory failure: correspondence. *Thorac Res Pract.* 2025;26(2):85-86

KEYWORDS COVID-19, readmit, ICU

Received: 11.08.2024
Accepted: 24.09.2024 ***Epub:*** 04.11.2024 ***Publication Date:*** 04.02.2025

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] The evaluation of long-term Coronavirus disease-2019 (COVID-19) patients was the goal of a study conducted 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 who were recruited 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 COVID-19 vaccination. Participants experienced mild respiratory failure due to hypoxia despite vaccination, and tests like the Acute Physiology and Chronic Health Evaluation II and Sequential Organ Failure Assessment scores showed a markedly severe illness in this group.

Although this study provides valuable insights into the characteristics and treatment response of patients with long-term COVID-19, it also has several obvious shortcomings and weaknesses. The relatively small sample size (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 of the patients. The study relied primarily on observational data. This may introduce bias due to differences in treatment protocols among participating centers. In addition, the cross-sectional study design 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 can improve the robustness of the results in subsequent research. Long-term cohort studies could offer more thorough insights into COVID-19's long-term tendencies of COVID-19, 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 disease presentation and consequences, 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-

Corresponding author: Hinpetch Daungsupawong, MD, e-mail: hinpetchdaung@gmail.com

term COVID-19 symptoms, potentially revealing particular targets for therapeutic intervention. Furthermore, research into rehabilitation programs, mental health assistance, and interdisciplinary care strategies could help inform long-term COVID-19 management procedures. Given the ongoing pandemic and the possibility of new mutations, 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.

Footnotes

Authorship Contributions

Surgical and Medical Practices - Concept - Design - Data Collection or Processing - Analysis or Interpretation - Literature Search - Writing: All authors contributed equally to all contribution sections.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

REFERENCE

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]**