


Letter to the Editor



In Response to: Evaluation of Long-Coronavirus Disease-2019 Cases Readmitted to Intensive Care Units due to Acute Respiratory Failure: Point Prevalence Study

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Cite this article as: Tunçay E. In response to: evaluation of long-Coronavirus disease-2019 cases readmitted to intensive care units due to acute respiratory failure: point prevalence study. *Thorac Res Pract.* 2025;26(2):87

KEYWORDS

Long-Coronavirus disease, mortality, readmission

Received: 26.09.2024

Accepted: 01.10.2024

Epub: 04.11.2024

Publication Date: 04.02.2025

TO THE EDITOR,

I greatly appreciate the Thoracic Research and Practice policy of having an open forum where scientific disagreements can be discussed. We would like to thank the reviewer for their insightful comments on our study evaluating patients with Long-Coronavirus disease re-admitting intensive care unit (ICU) due to acute respiratory failure (ARF).¹

The letter raised interesting points concerning the generalizability of the results due to the small sample size and study design. Since we aimed to evaluate the ICU re-admission of long-Coronavirus disease (the symptoms lasting for 4-12 weeks); Coronavirus disease-2019 (COVID-19) patients who were discharged and re-admitted to the ICU due to ARF were included in the study.² Therefore, the inclusion criteria inevitably limited the study population. In addition, even if the study was multicenter, larger sample sizes were difficult to achieve in a cross-sectional, 1-day point prevalence study. However, despite the small sample size, this study revealed observational data (demographic and radiologic features, ICU data) of this specific group of patients in various regions and approaches such as treatment.

As the letter mentioned, there was a lack of comparison groups and observational data in the current study. We agree and also mentioned in the conclusion section that it is not possible to evaluate and define the risk factors for the long-term effects of COVID-19 in a cross-sectional study. However, this study serves as a preliminary investigation that could lead to more detailed prospective cohort and case-control studies.

In summary, the current preliminary study provides snapshot features of on-going symptomatic COVID-19 cases. In order to reveal the association between ICU re-admission and the presence of comorbidity, malignancy risk analysis should be performed through the control group.

REFERENCES

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