Abnormal carbon monoxide diffusion capacity in COVID-19 patients at time of hospital discharge

Samir Nusair [1,2]

Affiliations: [1]Rokach Center for the Prevention of Lung Diseases, Clalit Health Services, Jerusalem Region, Affiliated to The Faculty of Medicine, Hebrew University and Hadassah, Jerusalem, Israel. [2]Institute of Pulmonary Medicine, Hadassah-Hebrew University Medical Center, Jerusalem, Israel.

Correspondence: Samir Nusair, Institute of Pulmonary Medicine, Hadassah-Hebrew University Medical Center, PO Box 12000, Jerusalem 91120, Israel. E-mail: samjack@actcom.co.il

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To the Editor:

I have read with great interest the article by Mo *et al.* [1] entitled "Abnormal pulmonary function in COVID-19 patients at time of hospital discharge" recently published in the *European Respiratory Journal*. In this study, the authors describe pulmonary function tests in patients who suffered from coronavirus disease 2019 (COVID-19), which were performed on discharge from hospital. Patients were classified into three groups of severity. In the patients who suffered more severely, measured carbon monoxide diffusion capacity (D_{LCO}) was lower. However, when looking at D_{LCO}/V_A, which represents the transfer factor of carbon monoxide, the picture is different. Patients who had severe pneumonia had an average D_{LCO}/V_A of 82% of predicted while patients in groups classified as having mild disease or pneumonia had average values above 90%. Notably, all these averages have relatively high standard deviation values (*e.g.* 13.9% in severe pneumonia), meaning that some patients in the post-severe pneumonia group had a D_{LCO}/V_A >90% of predicted.