





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

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On recovery from COVID-19 it is important to draw attention to the CO diffusion test and the actual meaning of the findings when considering the values of  $D_{\rm LCO}$  and  $D_{\rm LCO}/V_{\rm A}$  put together https://bit.ly/36k2O2Q

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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 ( $D_{\rm LCO}$ ) was lower. However, when looking at  $D_{\rm LCO}/V_{\rm A}$ , which represents the transfer factor of carbon monoxide, the picture is different. Patients who had severe pneumonia had an average  $D_{\rm LCO}/V_{\rm A}$  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  $D_{\rm LCO}/V_{\rm A}$  >90% of predicted.

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