Prognosticating poor outcome in COVID-19

Emin PALA

Department of Family Medicine, University of Health Sciences Umraniye Training and Research Hospital, Istanbul, Türkiye

Abstract

We have read the article titled "Comparison of liver biomarkers with N/L ratio, CRP, d-dimer in Covid 19 pneumonia and its effect on mortality" prepared by Haydar et al. with great interest. We thank the editorial board and the authors for publishing this successful and informative manuscript. We also would like to mention a few important points about prognosticating mortality in COVID-19 to contribute to the discussion of the study.

Keywords: COVID-19, SARS-CoV-2, pandemics,prognosticate

Dear Editor,

We have read the article titled "Comparison of liver biomarkers with N/L ratio, CRP, d-dimer in Covid 19 pneumonia and its effect on mortality" prepared by Haydar et al. with great interest (1). We thank the editorial board and the authors for publishing this successful and informative manuscript. We also would like to mention a few important points about prognosticating mortality in COVID-19 to contribute to the discussion of the study.

The COVID-19 pandemic has had negative social, economic, and psychological effects on health workers and society. The important reasons of these effects were not recognizing the disease in the early stages of the pandemic, not being able to predict how deadly it will be, and not being able to predict mortal cases (2). Authors studied early warning systems laboratory parameters and scores such as PSI and CURB-65 to prognosticate mortality in COVID-19 at early period of pandemic (3,4). Wang et al., one of these authors, worked to find the ideal prognostic score (5). As Haydar et al., they reported age, neutrophil-lymphocyte ratio, D-dimer and C-reactive protein as independent predictors. Based on this result, Weng et al. developed the ANDC early warning score. The score was calculated using the formula $1.14 \times age - 20$ (years) $+ 1.63 \times$ neutrophil-lymphocyte ratio $+ 5.00 \times$ D-dimer (mg/L) $+ 0.14 \times$ C-reactive protein (mg/L). They reported the area under the curve of the model with a good value of 0.975 (95% Confidence Interval: 0.947–1,000). The authors suggested that 59 and 101 for ANDC could be used as cut-off values to classify COVID-19 disease.

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*Correspondence: eminpala72@gmail.com