





LETTER TO THE EDITOR

Comment on “Plasma kallistatin levels in patients with COVID-19”

Yorum: “COVID-19 hastalarında plazma kallistatin düzeyleri”

Hinpetch Daungsupawong¹, Viroj Wiwanitkit²

¹Private Academic Consultant, Phong, Lao People's Democratic Republic

²Chandigarh University, India

To the Editor,

We would like to discuss on the published article “Plasma kallistatin levels in patients with COVID-19¹.” The purpose of this study was to examine the levels of kallistatin in COVID-19 patients and healthy individuals. Forty-five healthy controls and forty COVID-19 patients were included in the study. The patient group was then subdivided into intensive care unit (ICU) and service patients. The ELISA technique was used to determine the levels of kallistatin. The levels of kallistatin in the patient and control groups differed significantly, according to the data. Kallistatin levels, however, did not significantly differ between COVID-19 patients receiving care in the program and those receiving care in the intensive care unit. In addition, the study discovered that ICU patients had higher potassium, AST, creatinine, ferritin, HGB, and LDH levels than service patients. In the analysis comparing the patient and control groups, the area under the curve (AUC) for kallistatin was 0.856. The findings indicate that kallistatin levels are considerably elevated in COVID-19 patients; however, more research with a bigger sample size is required to distinguish between the influence of COVID-19 and oxidative stress as the cause of this elevation.

The small sample size and the absence of details regarding the intensity and duration of COVID-19 symptoms in the patient group may be considered the study's weak points. Furthermore, the study omits

details regarding the patients' comorbidities, age, or gender, all of which can have an effect on kallistatin levels. Moreover, kallistatin levels were only assessed once in the trial, and it was not examined if or how these levels changed as the disease progressed.

Going forward, it would be advantageous to carry out more extensive research with a more varied patient group, taking comorbidities, age, and gender into account. Kallistatin levels could also be measured longitudinally at various intervals throughout COVID-19 to observe fluctuations and possible correlations with the severity of the illness or recovery. Furthermore, additional studies may look into the underlying processes and possible therapeutic effects of high kallistatin levels in COVID-19 patients.

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Address for Correspondence: Hinpetch Daungsupawong, Phonhong, Lao People's Democratic Republic

E-mail: hinpetchdaung@gmail.com

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