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Authors response to: Comment on "Evaluation of pulmonary function and exercise capacity after COVID-19 pneumonia"

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We thank authors for comments[1] on our recent article 'Evaluation of pulmonary function and exercise capacity after COVID-19 pneumonia'.[2] Our responses are given below:

It was mentioned that the sample size in the study was small. The hospital where the study was planned was the only pandemic hospital in our city. All patients who were reachable in the study period and who met the study criteria were included in the study. The necessity of conducting multi-center studies was stated in the limitations section. Since the COVID-19 radiological classification had not yet been defined by the time the study was planned, the radiological findings were not evaluated in the study, but all patients had findings of COVID-19 involvement in chest computerized tomography imaging. Cardiopulmonary tests and quality of life assessments were not routinely performed at the time of discharge. Through screening the hospital information system, we identified the patients who completed at least two months after the discharge and invited them to the hospital again. We performed pulmonary function and exercise tests on those who were available and who met the inclusion criteria of the study. The patients with comorbidities that may affect their pulmonary function and exercise capacity were excluded from the study. The clinical stages of the patients at the time of hospitalization (moderate disease: n = 33; severe/critical disease: n = 46) were indicated in the study. Data on steroid and immune plasma used in the treatment of COVID-19 and the length of hospital stays are presented in the study. None of the individuals in the study were included in the pulmonary rehabilitation program in the post-discharge period. Laboratory parameters were not included in the study plan, and CRP values were not analyzed. In the study, all patients over the age of 18 hospitalized with polymerase chain reaction-confirmed COVID-19 and who had computed tomography findings during hospitalization consistent with COVID-19 were evaluated at least two months after discharge. In the study, pulmonary rehabilitation program was not applied. Pulmonary function and exercise capacities of the patients were evaluated after discharge. In another paper of the authors, the results of another group of COVID-19 survivor patients who were taken to the tele-rehabilitation program are presented.[3] We support the authors' view that COVID-19 survivors would benefit from pulmonary rehabilitation. We evaluated our patients in the period when they completed at least two months after discharge. For this reason, in our test area, we were able to apply the 6-minute walking test. Studies to evaluate the association of D-Dimer levels with post-COVID-19 pulmonary function and exercise capacity can be planned in the future.

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