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Limited role for bronchoalveolar lavage to exclude COVID-19 after negative upper respiratory tract swabs: a multicentre study

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Given the strong agreement between negative upper respiratory swabs and BAL, this study suggests that BAL has a limited role in the diagnosis of COVID-19 if thoracic imaging and upper respiratory swabs are concordantly negative <https://bit.ly/3gpBC75>

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To the Editor:

Despite early and reliable recognition of coronavirus disease 2019 (COVID-19) being essential for disease control both at a community and hospital level, clinical picture and thoracic imaging alone are not sufficiently specific to distinguish it from other respiratory infections [1, 2]. Real-time reverse transcriptase (RT)-PCR is routinely used for qualitative and quantitative severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) detection in specimens collected from the upper respiratory tract including nasal or nasopharyngeal swabs, but a second-line investigation like bronchoalveolar lavage (BAL) is often required to diagnose or exclude SARS-CoV-2 infection in a clinical context of possible COVID-19. A significantly lower positive rate in nasopharyngeal swabs (32%) compared to BAL samples (93%) was recently reported [3]; however, BAL was collected in only 15 out of 205 patients and in only one case BAL and nasopharyngeal swab were collected simultaneously.