



Short- and long-term noninvasive cardiopulmonary exercise assessment in previously hospitalised COVID-19 patients

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In previously hospitalised COVID-19 patients, noninvasive cardiopulmonary exercise testing demonstrated interval improvement in peak exercise aerobic capacity between 3 and 12 months following hospitalisation <https://bit.ly/3BVWwrK>

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The coronavirus disease 2019 (COVID-19) pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection has had a staggering impact on the global healthcare system [1]. It was estimated that by November 2021, over 3 billion individuals or 44% of the world's population had been infected with SARS-CoV-2 at least once [2]. A substantial number of survivors of COVID-19 exhibit chronic signs and symptoms of multi-systemic illness [3, 4]. This so-called post-acute sequelae of SARS-CoV-2 infection (PASC) syndrome describes a phenomenon that ranges from persistent neurocognitive deficits to cardiorespiratory symptoms beyond 4 weeks from acute disease onset [1]. In general, cardiorespiratory symptoms after COVID-19 can be categorised into two clinical entities. The first is directly related to organ injury or iatrogenic consequences during the acute phase, and the second clinical entity includes an objective decrease in exercise capacity on cardiopulmonary exercise testing (CPET) with normal pulmonary function testing (PFT), resting echocardiogram and computed tomography (CT) scan of the chest [5–8]. Accordingly, CPET is commonly implemented in patients with PASC syndrome to better understand their persistent exertional intolerance [6, 7, 9–11].

