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Caution in interpretation of abnormal carbon monoxide diffusion capacity in COVID-19 patients

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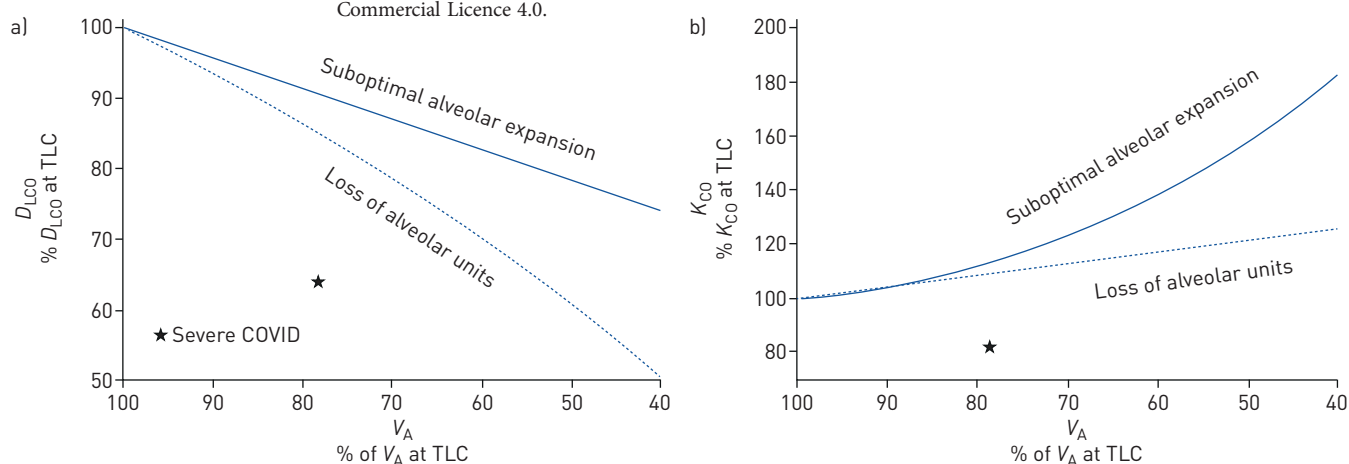
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Reduced K_{CO} in discharged patients with COVID-19 suggests persistent abnormalities in gas exchange. Further research is required to understand why. <https://bit.ly/2Hb00gq>

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To the Editor:

We read with much interest the recent findings published in the *European Respiratory Journal* of reduced gas transfer in patients following coronavirus disease 2019 (COVID-19). Mo *et al.* [1] investigated conventional pulmonary function in survivors of mild, moderate and severe COVID-19 approximately 20–30 days after onset of symptoms. While patients had relatively normal spirometry, diffusing capacity of the lung for carbon monoxide (D_{LCO}) was reduced in 50% and D_{LCO} /alveolar volume (V_A) (or K_{CO} , to avoid misinterpretation) reduced in 25%. These findings are welcome as they provide significant insight into the long-term lung function impairment associated with COVID-19.