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CLINICAL CORRESPONDENCE

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Asthma 17q21 polymorphism and risk of COVID-19 in children: Correspondence

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Abstract

This correspondence discusses on published article on asthma 17q21 polymorphism and risk of COVID-19 in children. The effect of other possible confounding factors are discussed.

KEYWORDS

Asthma, children, COVID, polymorphism

Dear Editor, we would like to share ideas on the publication "Asthma 17q21 Polymorphism Associates with Decreased Risk of COVID-19 in Children.[1]" Gourari et al. reported that Severe Acute Respiratory Syndrome Coronavirus-2 infection in children rarely results in severe disease and studied the influence of asthma 17q21 polymorphism associates.[1]

We are all in agreement that the genetic mutation under investigation may be significant in terms of potential therapeutic benefit. It should be noted that other factors may also have an impact on the presence of specific diseases. Given that environmental impacts are likely to be reduced or abolished in the current investigation, confounding genetic variants should be considered. Polymorphisms in angiotensinogen, angiotensin-converting enzyme, angiotensin-II receptor 1, PNPLA3, and TLL-1 may also be associated with the risk of COVID-19 in children.[2,3] As a result, more research into the potential consequences of the additional genetic variants revealed would be useful.

AUTHOR CONTRIBUTIONS

Rujittika Mungmunpuntipantip: Conceptualization; formal analysis; writing – original draft; writing – review & editing; visualization. **Viroj Wiwanitkit**: Conceptualization; formal analysis; visualization; supervision.

CONFLICT OF INTEREST

None

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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REFERENCES

1. Gourari I, Gomi R, Young M, et al. Asthma 17q21 polymorphism associates with decreased risk of COVID-19 in children. *Pediatr Pulmonol*. 2022. doi:10.1002/ppul.26091
2. Kouhpayeh HR, Tabasi F, Dehvari M, et al. Association between angiotensinogen (AGT), angiotensin-converting enzyme (ACE) and angiotensin-II receptor 1 (AGTR1) polymorphisms and COVID-19 infection in the southeast of Iran: a preliminary case-control study. *Transl Med Commun*. 2021;6(1):26.
3. Grimaudo S, Amodio E, Pipitone RM, et al. PNPLA3 and TLL-1 polymorphisms as potential predictors of disease severity in patients with COVID-19. *Front Cell Dev Biol*. 2021;9:627914.

