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# Eliciting History of Prior Severe Acute Respiratory Syndrome Coronavirus 2 Infection in Diagnosing Interstitial Lung Disease during the Coronavirus Disease 2019 Pandemic



## To the Editor:

We read, with great interest, the article by Wong et al<sup>1</sup> in *CHEST* (September 2020) and agree that in the era of coronavirus disease 2019 (COVID-19), we must focus on a systematic approach to the diagnosis of interstitial lung disease (ILD). We highlight here an issue that is not included in the article by Wong and colleagues. Given the uncertainty surrounding long-term outcomes for survivors of COVID-19, including the possibility that these patients may go on to develop ILD, a systematic evaluation of the survivors is prudent,<sup>2</sup> both to gain a better understanding of long-term pulmonary consequences<sup>3</sup> and to evaluate for potential clinical trial enrollment for treatment options.

Given the widespread pandemic, we anticipate two subsets of patients receiving a recent diagnosis of ILD and who need specific attention: first, those with a documented history of positive reverse transcription-polymerase chain reaction-confirmed infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and presenting with persisting dyspnea, abnormal chest imaging results, and pulmonary function test result derangements who will need additional testing to make a diagnosis of ILD. In the absence of other explanations for ILD, infection with SARS-CoV-2 could be considered an etiology of ILD in this group as a diagnosis of exclusion. Second, we anticipate a subset of patients without a documented history of COVID-19 but with a new diagnosis of ILD. In addition to the usual systematic approach to assessing the cause of ILD, obtaining a careful history of symptoms suggestive of COVID-19 is warranted in this group. Many symptoms of COVID-19 are not specific to the virus and can be noted with many other viral illnesses. However, asking for a history of anosmia and dysgeusia, as these symptoms are noted to be more frequently associated with COVID-19, will be valuable.<sup>4</sup> The authors admit that this information will need to be interpreted in the context of each patient's risk factors for COVID-19, including asking about sick contacts and

the prevalence of local community spread at the time symptoms began.

Definitive research results will eventually become available regarding the long-term outcomes of COVID-19 and the role of antibody testing, but while we are in the midst of a pandemic, assessing patients with a new diagnosis of ILD for a history of prior COVID-19 may present more clinical usefulness in the short term.

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**FINANCIAL/NONFINANCIAL DISCLOSURES:** None declared.

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**DOI:** <https://doi.org/10.1016/j.chest.2020.10.028>

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# Management Issues of Sarcoidosis in the Time of Coronavirus Disease 2019



## To the Editor:

We read with interest the article by Sweiss et al<sup>1</sup> in a previous issue of *CHEST* (September 2020) that provides guidance on how to adjust immunosuppressive therapy in patients with sarcoidosis during the coronavirus disease 2019 (COVID-19) pandemic. The authors point out the importance of reducing the dose of immunosuppressive drugs to decrease the risk of infections and poor outcome. These recommendations are based on the results of some systematic reviews and meta-analyses that were conducted in other rheumatic diseases and that found an increased risk for serious infections, mostly with systemic glucocorticoids and biologic agents.