



Myocardial dysfunction in SARS-CoV-2 infection in infants under 1 year of age

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I have read an interesting study by Sun et al. [1] published in the June 2020 issue of the *World Journal of Pediatrics*. The authors studied the SARS-CoV-2 infection in infants under 1 year of age in Wuhan City, China. Li et al. [2] reported that the prevalence of malnutrition in elderly patients with coronavirus disease 2019 (COVID-19) was high, and nutritional support should be strengthened during treatment. The authors reported that 25% of infants had an underlying disease in the study. Have they noticed any signs of malnutrition (wasting or stunting) in these infants? Sirico et al. [3] mentioned that the virus has a strong impact on the cardiovascular system, and cardiac imaging will play a significant role in patients affected by COVID-19. The authors mentioned in the results that cough (77.78%) was the most common clinical manifestation, that atrial septal defect was present in 2.78% of cases, and that 19.4% of infants had myocardial damage. Have the authors used any cardiac biomarkers, such as troponin-T or echocardiography (tissue Doppler imaging), to assess myocardial function in the infants? Have they ruled out the congenital heart defects in all the infants with SARS-CoV-2 infection? The authors found that 61.11% of infants have bilateral pneumonia and that 41.67% have received antibiotics treatment. What about the rest of them? Whether they received only antiviral and traditional Chinese medication? Liu et al. [4] mentioned that procalcitonin and hs-C-reactive protein (hs-CRP) is used to assess the severity of pneumonia in combination with sepsis in newborns, but procalcitonin is more strongly related to the severity of sepsis than is hs-CRP. The authors found that the inflammatory marker CRP and procalcitonin were elevated in 19.44% and 67.74% of infants, respectively. This means that procalcitonin is a better indicator of inflammation than

CRP in infants with SARS-CoV-2 infection. To my knowledge, this is the best study of the SARS-CoV-2 infection in infants under 1 year of age carried out by the author.

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Compliance with ethical standards

Ethical approval Not needed.

Conflict of interest The author declares that he has no conflict of interest.

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