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Predictive efficacy of frontal QRS-T angle in COVID-19 patients



The author responds:

I would like to thank Dr. Ozdemir for his interest and critique of our article (1). However, I would like to respond to these criticisms.

- In the literature, there is no study in which the frontal QRS-T angle value was investigated in COVID-19 patients and a certain cutoff value was determined. Therefore, in our study, a control group was needed to show that the frontal QRS-T angle value increased. In addition, we think that the presence of a control group has a positive effect on the contribution of the study to the literature. In our study, the frontal QRS-T angle value was significantly higher in the COVID-19 group compared to the control group.
 - In the method part of the article, there is the following sentence about the patient and control group: 'The control group consisted of people who were similar to the patient group in terms of demographic characteristics and comorbid factors.' In our study, while choosing the people in the control group, care was taken to ensure that they were similar in terms of age, gender, comorbid factors, etc. Since the demographic characteristics of the COVID-19 group are given separately in Table 1, comorbid conditions are not included in Table 2. No statistical difference was found between these two groups. (**p values between the patient group and the control group; COPD: 0.743, Heart Failure: 0.952, CAD: 0.467**).
 - In addition, in our univariate regression analysis to determine possible risk factors for COVID-19; No significant results were also obtained when COPD, CAD, and Heart failure were included. This may be due to the small number of patients. Due to the limited number of patients, these parameters were not included in the relevant table. (**Univariate regression analysis, P values of COPD, CAD and Heart failure parameters, respectively: $p = 0.130$, $p = 0.275$, $p = 0.631$**).
 - In the literature, there are many studies investigating the relationship between scoring systems and diseases. In previous studies, it was reported that a cut-off value of ≥ 2 in CURB-65 score has high sensitivity and specificity for demonstrating clinical severity and prognosis of COVID-19 patients (2,3). This feature of the CURB-65 score is also explained in the method section of the article.
 - If our findings are supported by studies with larger patient groups; We think that the frontal QRS-T angle value can be used effectively in clinical practice as a mortality and prognosis marker in COVID-19 patients.
- Thanks and respects

Availability of data and materials

Yes.

Ethical approval

Yes.

Informed consent

Yes.

Compliance with human rights

Yes.

Declaration of Competing Interest

None declared.

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Metin Ocak, MD

Gazi State Hospital, Emergency Clinic Samsun, Turkey

Corresponding author at: Gazi State Hospital, Emergency Clinic Samsun, 55100, Turkey.

E-mail address: mdmocak@gmail.com

Mustafa Begenc Tascanov, MD

Department of Cardiology, Harran University Faculty of Medicine, Sanliurfa, Turkey

Nur Şimşek Yurt, MD

Samsun Training And Research Hospital, Family Medicine Clinic, Turkey

Yusuf Can Yurt, MD

Gazi State Hospital, Emergency Clinic Samsun, Turkey