

LETTER TO THE EDITOR

Comment on “impact of solid organ transplant status on outcomes of hospitalized patients with COVID-19 infection”

Dear Editor,

We read with great interest the study by Schaenman et al. in which they researched “Impact of solid organ transplant status on the outcomes of hospitalized patients with coronavirus disease 2019 (COVID-19) Infection.”¹ We would like to share ideas on it. Schaenman et al. demonstrated the importance of transplant status in predicting adverse clinical outcomes in patients hospitalized or admitted to the intensive care unit (ICU) with COVID-19, especially for nonkidney solid organ transplant patients with COVID-19. They found that transplant status and comorbidities including age could be used to risk stratify kidney solid organ transplant and nonkidney solid organ transplant patients with COVID-19 in outpatient settings and argued that immunosuppression contributes to COVID-19 disease severity and mortality and might have implications for managing immunosuppression, especially for this critically ill patients with COVID-19 admitted to the ICU. We agree with this viewpoint. The US Centers for Disease Control and Prevention acknowledges that immunosuppression is associated with an increased risk of severe COVID-19 disease.^{1,2} COVID-19 is the infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus.³ Transplant patients are one of the high-risk groups for COVID-19.⁴ Transplant patients with COVID-19 are difficult to treat because of the need to treat COVID-19 infection and to prevent rejection. For such patients, establishing an immune balance between infection and rejection is the key to successful treatment. Therefore, attention should be paid to the management of immunosuppressant scheme in transplant patients with COVID-19. The monitoring of patients’ immune state should be strengthened, and the type, dosage and course of immunosuppressant should be adjusted appropriately according to the severity of patients’ condition, so as to avoid excessive use of immunosuppression, which may induce infections and cause undesirable clinical outcomes.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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Fenglian Song¹

Jing Li²

Mei Cha² 

¹Department of Hospital Infection, The People’s Hospital of Jiayang City, Sichuan, China

²Department of Hospital Infection, Chengdu Women’s and Children’s Central Hospital, School of Medicine, University of Electronic Science and Technology of China, Chengdu, China

Correspondence

Mei Cha, Department of Hospital Infection, Chengdu Women’s and Children’s Central Hospital, School of Medicine, University of Electronic Science and Technology of China, Chengdu 611731, China.
Email: chamei1230456@163.com

ORCID

Mei Cha  <https://orcid.org/0000-0003-2378-8032>

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