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Calculation error alters interpretation of pulmonary complications in children with SARS-CoV-2 undergoing surgery

The correspondence by Glasbey et al. [1] offers important data describing peri-operative outcomes in children infected with SARS-CoV-2. Data from the COVIDSurg and GlobalSurg Collaboratives provide the largest paediatric sample to date. However, we believe that the present study contains an error which alters the authors' primary conclusion. They state that in children with SARS-CoV-2, ``30-day pulmonary complications occurred in 10 out of 207 (0.5%)." Utilising the data provided, the incidence of pulmonary complications at 30 days is 4.8%, not 0.5%. This is higher than the incidence of pulmonary complications, 267 out of 13,418 (2.0%) in children without SARS-CoV-2. Additionally, the stated number of children without SARS-CoV-2 included in this study was 13,418. Therefore, regarding the primary outcome of 30-day postoperative mortality, the denominator stated by Glasbey et al. [1] may be incorrect as well: "In children who did not have SARS-CoV-2, mortality was 125 out of 13,616 (0.9%)".

The corrected findings alter the conclusion regarding risk of pulmonary complications and are consistent with previous studies [2–4] that report increased risk of pulmonary complications in paediatric patients with SARS-CoV-2 who undergo general anaesthesia.

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No competing interests declared.

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doi:10.1111/anae.15849