

Reanalyzing the Mortality Analysis of COVID-19 Deaths in a Tertiary Care Center in India

Abhijeet Anand¹, Reecha Panghal², Paridhi Kaler³, Saurabh Saigal⁴, Rajesh Panda⁵, Saiteja Kodamanchili⁶, Krishnkant Bhardwaj⁷, Gowthaman TB⁸

Indian Journal of Critical Care Medicine (2021): 10.5005/jp-journals-10071-23982

Sir,

Recently, one of the most awaited publications by the premier government medical institute of our country, titled "Clinicoepidemiological Features and Mortality Analysis of Deceased Patients with COVID-19 in a Tertiary Care Center", was a very delightful read.¹ All the intensivists of India look up to this institute for regular guidelines of management of COVID-19. It is a very informative and learning piece analyzing mortality among the patients admitted to one of the (intensive care units) ICU of this center.

When compared with other similar studies across the globe, this paper does not provide supplementary data that could have answered questions like how many of the admitted patients were intubated in total and what was the mortality rate among the subgroup who were intubated.^{2,3} Rather a retrospective approach of data representation has been employed, which tells that among the total 247 deceased patients, 24.2% were intubated and 30.3% of total deceased were intubated within 24 hours. Even this representation does not throw light on how many patients of total 654 patients were intubated during their ICU stay. The policy guiding intubation of patients should also be specified as if it was decided by the intensivist on duty or by any fixed institutional criteria.

The incidence of pulmonary embolism (PE) among the deceased in the original paper is 2.8%, which is quite less than reported by Mahmoud et al. in a meta-analysis who reported the overall PE rate in ICU to be 19%, and on autopsy, 22% of deceased patients were found to have PE in COVID-19.⁴ The question that remains unanswered is how were those patients, who died in this published paper, diagnosed with PE. The diagnosis of PE was a clinical diagnosis or radiological diagnosis or by autopsy should have been specified. If the incidence of PE is so less than what was the antithrombotic practice of the institute as this piece of information can help to save many lives.

ORCID

Abhijeet Anand <https://orcid.org/0000-0001-6498-5388>

Reecha Panghal <https://orcid.org/0000-0002-8695-5371>

Paridhi Kaler <https://orcid.org/0000-0002-3100-5133>

Saurabh Saigal <https://orcid.org/0000-0002-2364-2271>

^{1,4-8}Department of Anaesthesia and Critical Care, All India Institute of Medical Sciences, Bhopal, Madhya Pradesh, India

²Department of Anaesthesia, Postgraduate Institute of Medical Education and Research, Chandigarh, India

³Department of Anaesthesia, Government Medical College and Hospital, Chandigarh, India

Corresponding Author: Abhijeet Anand, Department of Anaesthesia and Critical Care, All India Institute of Medical Sciences, Bhopal, Madhya Pradesh, India, e-mail: abhijeet.anand@hotmail.com

How to cite this article: Anand A, Panghal R, Kaler P, Saigal S, Panda R, Kodamanchili S, et al. Reanalyzing the Mortality Analysis of COVID-19 Deaths in a Tertiary Care Center in India. *Indian J Crit Care Med* 2021; 25(10):1211.

Source of support: Nil

Conflict of interest: None

Rajesh Panda <https://orcid.org/0000-0001-7123-876X>

Saiteja Kodamanchili <https://orcid.org/0000-0003-1033-0321>

Krishnkant Bhardwaj <https://orcid.org/0000-0002-2207-0654>

Gowthaman TB <https://orcid.org/0000-0002-0301-3793>

REFERENCES

1. Kumar R, Malhotra R, Guleria R, Wig N, Patel N, Trikha A, et al. Clinicoepidemiological features and mortality analysis of deceased patients with COVID-19 in a tertiary care center. *Indian J Crit Care Med* 2021;25(6):622–628. DOI: 10.5005/jp-journals-10071-23848.
2. Grasselli G, Greco M, Zanella A, Albano G, Antonelli M, Bellani G, et al. Risk factors associated with mortality among patients with COVID-19 in intensive care units in Lombardy, Italy. *JAMA Intern Med* 2020;180(10):1345. DOI: 10.1001/jamainternmed.2020.3539.
3. Wang Y, Lu X, Li Y, Chen H, Chen T, Su N, et al. Clinical course and outcomes of 344 intensive care patients with COVID-19. *Am J Respir Crit Care Med* 2020;201(11):1430–1434. DOI: 10.1164/rccm.202003-0736LE.
4. Malas MB, Naazie IN, Elsayed N, Mathlouthi A, Marmor R, Clary B. Thromboembolism risk of COVID-19 is high and associated with a higher risk of mortality: a systematic review and meta-analysis. *EClinicalMedicine* 2020;29–30:100639. DOI: 10.1016/j.eclinm.2020.100639.