

# Clinical features of COVID-19 casualties

*“The number of weekly reported #COVID19 deaths is almost 90% lower than in February 2022. We’ve come a long way and this is definitely cause for optimism. But we all – governments, communities and individuals – need to remain vigilant, incl. to get a next vaccine dose if it’s due.”*

– Dr Tedros Adhanom Ghebreyesus,  
Director General of World Health Organization,  
November 10, 2022.<sup>[1]</sup>

Jain *et al.* analyse mortality in patients with Coronavirus disease 2019 (COVID-19) and derive its clinico-radiological and laboratory correlates by conducting a retrospective study. The journal published results obtained from the data in the October 2022 issue and we want to give an unrestricted compliment to them for their tedious dissection of a large number of case sheets. At present, when the number of deaths from the mutated virus is coming down worldwide, we can look back and visualize case records to learn a few lessons and thank the authors for their witty, learned and arduous work.<sup>[2]</sup>

Nevertheless, there are certain points where we seek clarifications from the investigators on the mortality issue. Table 1 of the article has a heading – Presenting characteristics of deceased patients (Original). In the table, the researchers enumerate characteristic features of the patients who succumbed to their illness. Here among comorbidities the patients had, they mention diabetes mellitus, hypertension and obesity among the most common associated features. But nowadays we commonly observe pre-hypertension,<sup>[3,4]</sup> pre-diabetes<sup>[5]</sup> and overweight<sup>[6]</sup> as well as comorbidity among patients presenting to our hospital with various ailments.

In fact, they make a continuum between these full-blown disease states and having values within normal range. Udayar *et al.*<sup>[3]</sup> discover more patients with pre-hypertension than actual hypertension. Saboo and Sudhanshu<sup>[5]</sup> cite the prevalence of pre-diabetes to be 8% and then make certain dietary changes among them. Luhar *et al.*<sup>[6]</sup> found more overweight patients than obese when conducting their survey. Hence when we mark a certain clinical condition in a group of people, we commonly observe a few cases that lie at the border zone between normal and abnormal areas and it is interesting to observe their behaviour and the effects of various agents on them. If we conduct more studies to define cases in this way, we think that we can draw more useful conclusions having a wider application and more useful utility.

Furthermore, the authors found the median time interval between symptom onset and hospital admission to be three

days. They hypothesize the interval to be short and believe ‘*phasic changes in the natural history of any epidemic when with time, awareness and knowledge regarding any outbreak increases, more access to health care*’ as its causes along with fear and panic among masses. But we also need to recall that the second wave of the pandemic in India caused massive disaster and the researchers highlight under the heading of Materials and Methods that *during the second wave of COVID-19 in April and May 2021, India faced a sudden overwhelming rise in the number of COVID-19 cases.* As a result, we wonder that when there was a sudden overwhelming rise in such cases, how could a few patients manage to get a bed in this tertiary care centre quickly? We believe that there is some data gap which needs to be filled.

Few newspaper reports emerged in this geography underscoring huge oxygen demand during the second wave of the pandemic.<sup>[7]</sup> Hence when the area was experiencing a massive challenge, under which circumstances could some patients easily occupy beds at this premiere institute, we are puzzled. When a huge wave crashes on the shores, its huge noise may make it difficult to have a sound discussion. Hence when we draw some conclusion on the basis of some data derived from the duration when we were facing an unprecedented challenge – perhaps the biggest of our lifetime – we should observe due diligence. When a vehicle runs at full speed, its occupants may not appreciate the details of the surroundings that they are passing through. But when drawing some view on the basis of those details, we need to apply reasoning, rationality, common sense and simple arithmetic. Statistics has its unique value providing us results in the form of easy solutions – sometimes oversimplified – but we need to put our heads together to feel its undercurrents.

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## Conflicts of interest

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