
Lung ultrasound in pregnant women with suspicion of COVID-19

We read with interest the Letter to the Editor, ‘Effectiveness of rapid lung ultrasound training program for gynecologists and obstetricians managing pregnant women with suspected COVID-19’¹. Buonsenso *et al.* concluded that ‘a rapid teaching program is sufficient to provide gynecologists and obstetricians who are already skilled in obstetric and/or gynecological ultrasound examination with the theoretical skills necessary to recognize specific lung ultrasound patterns.’, adding that

they believe that their course ‘represents one possible model for implementing lung ultrasound education and might be a useful launch-pad for gynecologists and obstetricians involved in the management of pregnant patients with confirmed or suspected COVID-19.’ We agree that a short training course is important to improve the knowledge and skill of practitioners. The usefulness of lung ultrasonography in the diagnosis of lung pathology in pregnant women with COVID-19 has been confirmed². Yet, the limited availability of data on lung ultrasound findings in COVID-19 is a challenge, particularly as various non-specific forms of lung abnormality are observable in this disease². Furthermore, the availability of ultrasound in remote areas of developing countries is usually limited. For example, in our country, the knowledge of practitioners regarding COVID-19³ is limited and we lack such a rapid training program. Lung ultrasonography is not available in the community hospitals in which COVID-19 is a real problem. The care of patients after diagnosis by polymerase chain reaction (PCR) analysis is usually based on symptomatic and supporting treatment, and follow-up is usually based on serial PCR results.

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