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# Medical Hypotheses



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# MDA5 should be detected in severe COVID-19 patients

The Novel Coronavirus-infected Disease (COVID-19), the global pandemic, has killed 198,842, according to WHO report (27 April 2020), and the global mortality is close to 7%. ARDS is the most important and direct reason to the mortality of COVID-19. What's terrible is that patients develop ARDS and "white lung" pattern from the first symptom, and the median time was only 8 days [1].

In the autopsy and pathological findings of the deceased patients [2], in addition to the lung, the kidney, heart, spleen, liver and vessels of the patient were involved. Even lots of skin manifestations have been reported [3,4]. Besides, a large number of immune-related inflammatory cell infiltration, and abnormal T cell expression were noted in those organs.

As a rheumatologist, those symptoms remind us a special rheumatic disease, anti-MDA5 associated dermatomyositis with rapidly progressive interstitial lung disease, which has the similar characteristics. Interestingly, MDA5 also play a critical role in the other two severe coronavirus infected disease happened in this century, MERS and SARS [5].

COVID-19 is a new disease caused by a novel coronavirus infection. However, there is no effective antiviral at present, and the vaccine still has a long way. Fortunately, a few medications have been demonstrated to having good efficacy. Some of them are anti-rheumatism drugs, such as hydroxychloroquine [6], tocilizumab [7]. The primary task of in treating COVID-19 aims to reduce mortality, which requires multidisciplinary collaboration. Rheumatologists' advice should be taken into consideration when developing treatment plans. It's necessary to screen the MDA5 for the diagnosis and treatment in severe COVID-19 patients, due to the crucial role of MDA5 in coronavirus. Besides, rituximab and JAKi might be potential candidates in treating severe COVID-19 patients, since they had shown great efficacy in treating clinical amyopathic dermatomyositis with RP-ILD [8].

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## **Declaration of Competing Interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.mehy.2020.109890.

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