Comment on: Intrapulmonary shunt and alveolar dead space in a cohort of patients with acute COVID-19 pneumonitis and early recovery

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Shareable abstract (@ERSpublications)
A compelling explanation for mosaic-like micro-ischaemia in the severe pathology of COVID-19 pneumonitis, which reflects the vasculopathy affecting the secondary lobule and the interlobular septae http://bit.ly/3GwMkII

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To the Editor:

With the greatest interest we read the paper by Harbut *et al.* [1] describing the role of intrapulmonary shunting and alveolar dead space in patients with acute COVID-19 pneumonitis. We are grateful for them sharing their valuable functional blood and alveolar gas exchange data, pointing out a significant alveolar dead space of nearly 30% in recovered COVID-19 patients, suggesting a persistent pulmonary vascular pathology. Although COVID-19 related hypoxaemia is characterised by preserved oxygen saturation, a ventilation–perfusion mismatch and increased alveolar ventilation/perfusion ratio heterogeneity, the underlying morphological evidence of this physiological enigma has not been fully understood.