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Response to "Rehospitalization indications of children hospitalized for COVID-19 infections and long COVID"

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We are grateful for your interest in our research and would like to respond to the letter entitled ''Rehospitalization indications of children hospitalized for COVID-19 infections and long COVID''.[1]

The research was conducted in a tertiary care children's hospital, where a significant burden of pediatric patients is met, and we believe that the number of patients is adequate for the conduction of this research. Indeed, the study included 777 patients, and 98 of them were rehospitalized. Among these 98 patients, 76 (77.6%) were rehospitalized due to their underlying disease, nonspecific infectious diseases unrelated to COVID-19, and the need for certain surgical procedures. The remaining 22 (22.4%) patients presented with ongoing symptoms such as fatigue, fever, abdominal pain, and myalgia following the SARS-CoV-2 infection. No other underlying cause was detected in approximately one-third of the patients whose manifestations were consistent with long COVID syndrome. Each patient was tested for COVID-19 at the time of re-admission, and the test results were given in Table III.[2] Three of the 22 patients had positive RT-PCR tests for the second time, therefore they were followed up in consideration of COVID-19 reinfection.

Children with COVID-19 who were not rehospitalized were not included in the comparative analyzes. The study aimed to determine the percentage of rehospitalizations that might be attributed to long COVID-19 syndrome. In the 'Method' section of the research, we emphasized that details of the underlying primary diseases other than COVID-19-associated conditions were not discussed in the text. Long COVID syndrome, which was a new diagnosis at the time of the research, was characterized by "signs and symptoms developed during or following a disease consistent with COVID-19 that have persisted for more than four weeks and whose presence cannot be explained by other alternative diagnoses".[3]

The study did not account for any confounding factors that could alter the long-term outcomes, such as underlying medical conditions, socioeconomic status, or accessibility to healthcare. The criticisms stated in the 'Editor's Letter Section'1 are emphasized by us in the 'Limitations' section of our article with this statement: "Some considerations should be noted when interpreting the results of our study. Firstly, this was a retrospective study with inherent limitations compared to randomized trials. Secondly, only hospitalized patients were evaluated, and outpatients were excluded from the study."

Ethical approval

Ethics approval was obtained from the Institutional Review Board of Dr. Behcet Uz Children's Training and Research Hospital (decision no: 2021/15-08).

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Author contribution

The authors confirm contribution to the paper as follows: EC, GGÖ, İD, NB were responsible for writing and evaluating the letter. All authors reviewed and approved the final version of the manuscript.

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Conflict of interest

The authors declare that there is no conflict of interest.

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