Letter to the Editor

Response to the Commentary on: "Pectoralis muscle area measured at T4 level is closely associated with adverse COVID-19 outcomes in hospitalized patients"

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We appreciate the thorough and thoughtful analysis of our study¹ by Dr J. Finsterer². The majority of the points raised in these comments are inherent to the retrospective design of the study. Both the study's design and its limitations are openly discussed in the article itself, appearing in both the Limitations and Discussion sections. As a retrospective study, it is glaringly apparent that the paper's aim and scope do not lead to a definitive conclusion necessitating a change in clinical practice. Instead, the present study aims to contribute data for further exploration and to serve as a potential focal point for prospective and more expansive investigations.

The chest CTs of the entire study population, as stated in the article, were conducted within 48 hours of hospital admission. Consequently, it is unlikely that we would observe the effects of muscle loss due to the hospital stay or prolonged immobilization. We concur that comparing consecutive CTs taken during the course of disease and recuperation would be valuable. However, feasibility considerations, such as repeated radiation exposure and clinical needs, must be taken into account.

The literature is unequivocal regarding the association of sarcopenia with age and specific lifestyle choices^{3,4}. Nonetheless, the standardization for optimal measurement sites and the quantification of the "physiological" or "expected" amount of sarcopenia remain subjects of widespread debate^{5,6}. Additionally, there is the unresolved issue of optimizing more than one site for possible use in opportunistic screening procedures. While we acknowledge the potential benefits of incorporating more extensive patient

medical histories, such data collection was impractical due to the clinical landscape of an ongoing pandemic.

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The authors have no conflict of interest.

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