



Letters to the Editor

Reply to: Association of liver steatosis and fibrosis with clinical outcomes in patients with SARS-CoV-2 infection (COVID-19)


Dear Editor,

In response to correspondence for Xiaofei Li, we appreciate the interest in our work and we have the following answers to each commentary.

First commentary:

Regarding to Fib4 cut-off point, in our study, we used cut-off point of >3.25, which is validated in the Latin American population. (Ann Hepatol. 2013 May–Jun;12(3):416–24. PMID: 23619258).

Second commentary:

The OR reported in our study correspond to all patients (diabetics and non-diabetics); however, as suggested, we conduct a subgroup analysis with diabetic patients; results showed that in diabetic patients with high levels of glucose (>100 mg/dL) the risk of ICU admission still been higher compared to those diabetic patients with normal glucose levels. It is important to consider that despite previous diabetes diagnosis, an increase in glucose levels could be caused by systemic inflammatory response syndrome.

Third commentary:

Regarding obesity, despite the high worldwide and Mexico prevalence, our population is majorly overweight, being 30 kg/m² the cut-off point for obesity in the Mexican population; this distribution and sample size could explain the absence of significative statistical association with clinical outcomes. Nevertheless, the presence of obesity needs to be evaluated in the assessment of COVID-19 patients, especially in those with other metabolic comorbidities.

All the authors appreciate the author's time invested in our manuscript. If you need further information, please contact us.

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Available online 11 February 2021

DOI of original article: <https://doi.org/10.1016/j.aohep.2020.100295>.

<https://doi.org/10.1016/j.aohep.2021.100326>

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