Reply

To the Editor: We thank Youssef and colleagues for their interest in our article and for taking the time to express their concerns about the usefulness of LUS as a screening tool for SARS-CoV-2 in pregnant women. The authors briefly shared their findings from a small screening program that resulted in their position against the role of LUS in screening pregnant women for SARS-CoV-2 infection. As a response, we would like to highlight some important nuances that are worthy of discussion.

Our case series consecutively included 7 pregnant women infected with COVID-19 pneumonia and 1 didactic noninfected case.1 All patients were symptomatic, and identifying their lung involvement has influenced the treatment of all pregnant women with COVID-19 pneumonia. On the contrary, Youssef and colleagues performed LUS examinations only on asymptomatic pregnant women. Although their inclusion criteria are not known, it is clear that the two cohorts targeted different populations. It should also be noted that the prevalence of positive test results for SARS-CoV-2 might be affected by a small population size, community transmission rates, the testing period, and the intensity of the pandemic for a specific time and location.2

We also tested the universal screening program in May 2020 using both PCR testing and LUS on 296 pregnant women regardless of the week of gestation who were admitted to the obstetric unit for any indication.3 The rates of asymptomatic and symptomatic pregnant women with a diagnosis of SARS-CoV-2 were 4% and 3.7%, respectively. In addition, 17.4% of the patients with positive test results for SARS-CoV-2 were initially found to be PCR negative, underwent repeated testing in a week because of their abnormal LUS findings, and eventually had positive PCR results.

We agree with Youssef and colleagues that LUS is likely to be more useful in symptomatic patients. Indeed, LUS is an effective and accurate imaging tool for obstetricians to diagnose lung involvement in COVID-19.5 Considering that a LUS examination has a nonionizing nature, is rapid to perform, and is easy to interpret,6 we believe that obstetricians should liberally benefit from the advantages of LUS for pregnant women either in universal screening programs or as a part of the routine clinical evaluation of pregnant women suspected or having a diagnosis of SARS-CoV-2 infection.

Lung ultrasound is an effective imaging tool for obstetricians to diagnose lung involvement in COVID-19.5 Considering that a LUS examination has a nonionizing nature, is rapid to perform, and is easy to interpret,6 we believe that obstetricians should liberally benefit from the advantages of LUS for pregnant women either in universal screening programs or as a part of the routine clinical evaluation of pregnant women suspected or having a diagnosis of SARS-CoV-2 infection.

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