



CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF PATIENTS DIAGNOSED WITH COVID-19 IN A TERTIARY CARE CENTER IN MEXICO CITY: A PROSPECTIVE COHORT STUDY

Dear Editor:

We have read the paper entitled "Clinical and Epidemiological Characteristics of Patients Diagnosed with COVID-19 in a Tertiary Care Center in Mexico City: A Prospective Cohort Study" by Ortiz-Brizuela and colleagues¹, in the May-June issue of the Revista de Investigación Clínica-Clinical and Translational Research, we would like to make out some observations on the reported data.

According to table 1 of the article, if the number of obese subjects in the entire cohort is 67 out of 309 subjects, then the percentage of obesity is 21.6%, and not 39.6% as stated, the same would apply to overweight subjects (21.6%). Furthermore,

in the inpatient cohort, the percentage of obese/overweight subjects is once again overstated as 39.7% and 41.3% (n = 50/52 out of 140), respectively, using these numbers the percentages would correspond to slightly lower figures (35.7% and 37.1%). Finally, in the outpatient cohort, the reported subjects with obesity/overweight are 39.5% and 34.9%, but with 17 and 15 subjects out of 169 individuals, the percentages should be far lower at 10% and 8.8%, respectively.

Thus, the paper's conclusion that patients with COVID-19 diagnosis were obese or overweight is quite ambiguous and irrelevant as most of the cohort is not comprised by subjects with excessive weight (overweight or obese).

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Received for publication: 24-06-2020
Approved for publication: 30-06-2020
DOI: 10.24875/RIC.20000301

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AUTHOR'S REPLY

We appreciate the interest of Mendez-Probst and colleagues on our results recently published in *Revista de Investigación Clínica – Clinical and Translational Investigation*¹. Although most relevant data in the study were prospectively collected, some information also was obtained from medical records. Hence, the possibility of missing data is a weakness of our study. Most of the missing information in table 1 concerns to the outpatient's group who were evaluated once in a triage room. Note that the number of valid observations for each binary variable can be easily deduced from the table using simple arithmetic operations (with the percentage and number of observations reported). For example, as stated in table 1, dysgeusia

was reported in 100% of outpatients, nevertheless, only one subject reported this symptom. Consequently, it can be easily inferred that this symptom was only assessed in one patient. However, considering Mendez-Probst et al. observation to interpret table 1, we provide new tables 1-3 in the Corrigendum section of this issue, detailing the number of valid observations for each variable. Moreover, we understand Mendez-Probst et al. concerns regarding the validity of the comparison between inpatients and outpatients due to amount of missing data. Consequently, we updated this comparison with our data recollected up to June 1, and similar findings were found: a prevalence of overweight or obesity in 83% (671/808) and 49.4% (267/540), among inpatients and outpatients, respectively ($p < 0.01$) (unpublished data).

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Received for publication: 06-07-2020
Approved for publication: 06-07-2020
DOI: 10.24875/RIC.20000335