

Authors' response to the Letter to the Editor regarding: Preventive home therapy for symptomatic patients affected by COVID-19 and followed by teleconsultations

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Dear Editor,

We have carefully read the comments by Adiletta and colleagues [1] but we disagree. In our letter [2] we do not suggest therapy at home of COVID-19 in asymptomatic patients but, in our opinion, it is important to help symptomatic patients, also paucisymptomatic ones, since the SARS-CoV-2 can induce *ex abrupto* a deterioration of symptoms with a cytokine storm [3]. It is well known there are no early signs that could indicate which patient's respiratory symptoms can worsen up to severe acute respiratory failure and hospitalization, so there was the need to help COVID-19 patients in a treatment at home, reducing the frequency of hospitalization [2,4]. In our letter [2] we collected our experience and of general practitioners with the need to prevent or delay the arrival of COVID-19 patients in at hospitals and at emergency room [2-4].

As expressed in our letter [2] oral corticosteroids (OCS) are used at anti-inflammatory and not immunosuppressive dosage to reduce symptoms in symptomatic COVID-19 patients [2]. These drugs are frequently used in the therapy of COVID-19 patients with different degrees of disease severity [5-10]. Regarding the role of low molecular weight (LMWH) heparin in SARS-CoV-2 infection, it plays an important role and it is widely used in the prevention and treatment of the thromboembolic complications of COVID-19 [11-13].

However, it was necessary to find a therapeutical approach better than the AIFA protocol [14] that suggests using only paracetamol, which in our experience is not able to reduce the pulmonary COVID-19 pathology.

As published in our letter [2] in *Multidisciplinary Respiratory Medicine*, we proposed the use of oral corticosteroids and LMWH useful in the treatment of COVID-19 and on this topic there are now several publications, including the protocol of the Italian Society of Pneumology (AIPO) [11], in which OCS and enoxaparin are suggested for the treatment of COVID-19 after 72 hours from the start of COVID-19 symptoms (in our experience after 3-4 days) [2].

We are aware that our therapeutic approach is not a clinical study and there is no control group, but we felt it was important to publish our experience.

Moreover, an Italian Administrative Court (TAR) [15], on March 4th, 2021 issued a legal ruling authorizing the clinical physicians to use the drugs they consider useful for the treatment of COVID-19 according to science and conscience, without obligation to follow the suggestion of AIFA protocol.

After the negative result of molecular nasopharyngeal test, patients were invited for a thoracic computerized tomography and laboratory evaluation of d-dimer (following cut-off for the continuous of treatment with LMWH) and other data of inflammation to show and to treat eventual post COVID-19 pulmonary interstitial involvement.

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