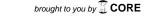
LETTER TO THE EDITOR - REPLY



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Echocardiography WILEY

B lines in COVID-19: "Unspecificity" is not "meaningless"

We thank Prof. Trovato and Dr Sperandeo for commenting on our article. We agree with them that lung ultrasound (LU) imaging is useful and our aim was to provide readers with a succinct overview of how LU was used in the care of COVID-19 patients at two centers in Italy.² The frequent finding in COVID-19 patients of lung consolidation at the inferior and basal regions means that one of the limitations of LU, which is to perform a complete assessment of the periphery of the lungs, is mitigated, as affected regions are not obscured by the scapula. Other authors have shown that in COVID-19 patients, LU provided results similar to those of computed tomography (CT) of the lung and superior to those of standard chest X-rays.³⁻⁵ Therefore, LU provides clinicians with another mode of lung imaging that can be performed noninvasively and without the logistic challenges of obtaining CT lung scan in these patients, as is well known to centers who have been faced with a large caseload.⁶ As stated in our article, we have not identified an LU finding that is pathognomonic of COVID-19.¹⁻⁷ However, the presence of B lines in several different clinical situations does not decrease their significance. In medicine, many signs are frequent in various diseases, like fever, but this is not a good reason to underestimate or not consider them at all. Furthermore, emerging ultrasound image analysis based on artificial intelligence and deep learning has the potential to further enhance the utility of LU.^{8,9} Although caution is needed in terms of exaggerating the power of LU, we hope it will continue to be used widely after the pandemic.

KEYWORDS

B lines, COVID-19, interstitial syndrome, lung ultrasound

CONFLICT OF INTEREST

Luigi Vetrugno received travel support for Congress Lecture by Cook Medical. The other authors declare no conflict of interest.

Luigi Vetrugno MD^{1,2}

Tiziana Bove MD^{1,2}

Daniele Orso MD¹

Federico Barbariol MD²

Flavio Bassi MD²

Enrico Boero MD³

Giovanni Ferrari MD⁴

Robert Kong MD, FRCA, EDIC⁵

¹Department of Medicine, Anesthesia and Intensive Care Clinic,
University of Udine, Udine, Italy

²Department of Anesthesia and Intensive Care, UniversityHospital of Udine, Udine, Italy

³Anesthesia and Intensive Care, San Giovanni Bosco Hospital,
Torino, Italy

⁴SC Pneumologia ad Indirizzo Semi Intensivo, Azienda
Ospedaliera Ordine Mauriziano, Torino, Italy

⁵Cardiac Anaesthesia & Intensive Care, Brighton & Sussex
University Hospital, Brighton, UK

Correspondence

Prof. Luigi Vetrugno, MD, Department of Medicine, Anesthesia and Intensive Care Clinic, University of Udine, Via Colugna n 50, 33100 Udine, Italy. Email: luigi.vetrugno@asuiud.sanita.fvg.it

ORCID

Luigi Vetrugno https://orcid.org/0000-0003-3745-8368

Daniele Orso https://orcid.org/0000-0001-7136-0343

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