Review of: "[Review] Sarcopenia in Coronavirus Disease (COVID-19): All to Know from Basic to Nutritional Interventions from Hospital to Home"

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Potential competing interests: No potential competing interests to declare.

This review focused on the interplay between Sarcopenia and COVID-19. Infection with COVID-19 can result in acute Sarcopenia and may increase the risk of Sarcopenia even after recovery from the virus. Moreover, Sarcopenia can influence the prognosis of COVID-19 in patients newly diagnosed with Sarcopenia after COVID-19 or who have Sarcopenia at baseline. Although the authors discussed some mechanisms between COVID-19 and Sarcopenia in Figure 2, other pathways, such as hypoxia, may be involved. COVID-19 can lead to viral interstitial pneumonia, which can cause hypoxia in the body. This, in turn, can inhibit processes that require increased energy expenditure, such as protein synthesis, through various pathways. In the Sarcopenia Assessment section, it should be noted that the cutoff value for the NRS-2002 is ≥3. Chest CT-based muscle volume assessment can also be used to assess Sarcopenia in patients with COVID-19 and can predict mortality, prolonged ICU stay, failed extubation, etc. Chest CT could be added to Table 1 as a clinical criterion for diagnosing Sarcopenia in high-risk COVID-19 patients during hospitalization.