We read with great interest the article by Kimora et al.\textsuperscript{1} In this retrospective study, they found pulmonary hypertension detected by echocardiography in approximately 17% of cases of Respiratory Syncytial Virus infection without any comorbidity. They concluded that routine echocardiography is not warranted for previously healthy and hemodynamically stable infants. Although we agree with the authors on most aspects of their study, there are a few points that we think merit some discussion.

In the absence of any effective therapy for Respiratory Syncytial Virus infection, early identification of infants at risk for severe disease in order to potentially decrease morbidity could be considered a major goal. Current guidelines recommend only clinical observation for this purpose in infants without known comorbidities. However, recent evidence shows that the presence of pulmonary hypertension in this population is a relevant risk factor for the development of a severe illness, even in healthy infants. The determination of plasmatic NT-proBNP levels could help to identify those cases that benefit of echocardiographic screening to detect pulmonary hypertension in this population during hospitalization.
high-risk patients, even in healthy infants. Specifically, NT-proBNP could be used to screen which patients will benefit from an echocardiogram, a closely motorization during the hospitalization, or maybe an early respiratory support. Larger multicentre cohort studies that validate our findings will provide evidence of what should be recommended routinely.

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References