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The authors reply: We thank Hasbal for the concern expressed¹ regarding hydroxychloroquine (HCQ) as the cause of the thrombotic microangiopathy (TMA) in our published case titled “Thrombotic Microangiopathy in a Patient With COVID-19.”² An immune-mediated thrombotic microangiopathy usually requires ongoing exposure to the drug. In our case, the patient mentioned was on HCQ for a duration of 5 days. The initial 2 doses were prior to admission, and the drug was continued during the initial 3 days of hospitalization. The findings of hemolysis and TMA developed on day 17 of the admission, which was 2 weeks after the drug had been discontinued. In reports from both Fromm *et al.*³ and Mar *et al.*⁴ that were mentioned, TMA developed during the duration of



treatment with HCQ. In addition, the most commonly used indication for HCQ is systemic lupus erythematosus, and we have to keep in mind that systemic lupus erythematosus can also lead to systemic TMA.⁵

In our case, the short course of HCQ, the stability of lactate dehydrogenase, anemia, and platelets for 2 weeks, and the delayed development of TMA, weeks after the drug was discontinued, suggest against the possibility of HCQ-related TMA.

DISCLOSURE

KDJ serves as a consultant for Astex Pharmaceuticals and Natera. All the other authors declared no competing interests.

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