

LETTER TO THE EDITOR

Comment on: Pulmonary embolism in pediatric and adolescent patients with COVID-19 infection during the SARS-CoV-2 delta wave

To the Editor:

We read the publication on "Pulmonary embolism in pediatric and adolescent patients with COVID-19 infection during the SARS-CoV-2 delta wave".¹ Cohen et al. concluded that this report stresses the importance of maintaining a high index of suspicion for pulmonary embolism (PE) in pediatric COVID-19 infection and vaccinating obese adolescent patients.¹ The thrombohemostatic disorder is a possible clinical problem in patients with COVID-19 and COVID-19 vaccine recipients. Indeed, after COVID-19 vaccination or COVID-19 infection, there is increased blood viscosity that might present a risk for thrombohemostatic disorder.²⁻³ The risk of thrombohemostatic disorder is higher in pediatric and adolescent patients with an underlying personal condition that causes increased blood viscosity. In addition to the recommendations made by Cohen et al., extra preventive measures should be taken for patients with underlying disorders. Maintaining a high index of suspicion alone may not be enough. In cases with underlying personal conditions that are prone to develop a thrombohemostatic disorder, there may be a pre-vaccination evaluation for the risk of such disorders.² In COVID-19 cases, anti-thrombotic drugs may play a role.⁴

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None.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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