



Coagulation Abnormalities Due to COVID-19 in a Child with Thalassemia: Authors' Reply

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To the Editor: We thank Rujittika Mngmunpantipantip and Viroj Wiwanitkit for sharing ideas related to our study on coagulation abnormalities due to COVID-19 in beta-thalassemia children, an issue of current public health importance [1]. In our study, the thalassemia patients had no other congenital hematological disorder comorbidities, especially sickle cell anemia or G-6-PD deficiency [2]. We have screened all of our patients for G-6-PD deficiency possibilities in the initial diagnosis. Pathological problem such vaso-occlusive crises (VOC) might be promoted in individual with both thalassemia and sickle cell disease, especially in alpha-thalassemia population [3]. However, there was no adequate evidence about the occurrence of VOC in beta-thalassemia alone, without sickle cell disease [4]. Abnormal coagulation disorder might also be related to liver-function impairment due to complication of thalassemia itself or as adverse effect of iron chelation use [5, 6]. Based on previous regular laboratory examination, all of included patients in the study had normal liver function without history of hepatitis. After getting infected with COVID-19, 2 of the 4 patients with thalassemia had slight increase in aspartate transaminase enzyme, but not more than 2 times the upper limit. We agree with the authors regarding the importance of excluding other possible confounding pathology that might result in abnormal coagulation profile, especially in SARS-Cov-2 infection associated with transfusion-dependent-thalassemia.

Declarations

Conflict of Interest None.

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