appear to trigger or exacerbate myositis with anti–HMG-CoA reductase autoantibodies (5).

Taken together with the prior report (2), the clinical findings among subjects in the Gallup Indian Medical Center indicate that physicians should have a high index of suspicion for the development of autoimmune myopathy when prescribing statins to American Indian patients. Patients who develop muscle weakness and elevated creatinine kinase levels should be tested for anti–HMG-CoA reductase autoantibodies. In those who test positive, statins should be stopped and treatment initiated to improve muscle strength and prevent permanent muscle damage.

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von Willebrand factor as an indicator of endothelial injury in COVID-19: comment on the article by Shi et al

To the Editor:

We read with great interest the article by Dr. Shi et al (1) on their efforts to "identify circulating factors contributing to endothelial cell activation and dysfunction in COVID-19." Conspicuous by its absence in this otherwise thorough investigation was any mention of von Willebrand factor (vWF), a coagulation factor and early indicator of endothelial injury (2). Increases in circulating vWF antigen precede and directly promote thrombosis by mediating platelet adhesion and preventing clearance of coagulation factor VIII (3). Shi and colleagues postulated that antiphospholipid antibodies may activate endothelial cells in COVID-19, which others have shown to be mediated by vWF (4). Patients with COVID-19 commonly have increased levels of vWF antigen, and its presence is a marker that could be used to predict the risk of death and increased length of hospitalization in patients with COVID-19 (5–9).

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Reply

To the Editor:

We appreciate Dr. Palmer-Toy et al's interest in our article. We agree that vWF is an important mediator of