

LETTER TO EDITOR

Rationale of bedside ultrasound-guided inferior vena cava filter implantation in COVID-19 patients with deep venous thrombosis

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Li *et al.*¹ demonstrated a great potential of inferior vena cava (IVC) filter to manage deep venous thrombosis (DVT) in COVID-19 patients. All over the world, we are witnessing the mandatory isolation of COVID-19 patients, wary of droplets and aerosols with limited resources of manpower and equipment. Implantation of IVC filter using bedside ultrasound is feasible, and also a safer method than transferring contagious patients to operating theaters in terms of infection control.

However, the reason why the patients in this report required IVC filter was not clear. COVID-19 is notorious for its tendency to cause coagulopathy. Thus, several expert societies recommend pharmacologic prophylaxis of venous thromboembolism (VTE) for all hospitalized patients with COVID-19.² Anticoagulation is the mainstay not only as a prophylaxis but also as a treatment for DVT unless it is contraindicated.³ Clarifying the necessity of IVC filter in these patients will be of help to establish the criteria of IVC filter implantation in

patients with COVID-19, eventually leading to the mortality decrease due to VTE.

Conflict of interest. None declared.

References

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