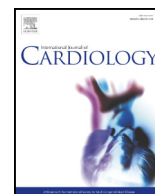




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Letter to the Editor

Reply to: Assessment of administering antithrombosis in COVID-19 patients with acute hypoxemic respiratory failure



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We would like to thank Wang et al. [1] for their interest in our study: “Oral anticoagulation and clinical outcomes in COVID-19: An Italian multicenter experience” [2]. Coagulation derangements, mostly seen as venous or arterial thromboembolism, have been associated with poor outcomes in COVID-19 and by now are considered as a common manifestation of this disease, along with cardiovascular involvement [3]. Indeed, an actual COVID-19 induced coagulopathy has been identified, including an early local hypercoagulable state followed by a cytokine storm. This response may trigger an inflammatory response leading to endothelial damage and subsequently to macro and microthrombosis, especially among the most critically ill. Hence, we agree with the authors that anticoagulation (AC) in severe COVID-19 patients may provide a relevant clinical benefit to prevent or treat thrombotic events, as elsewhere highlighted [4]. Moreover, we agree that heparin treatment should always be considered when D-dimer levels or fibrin equivalent units are higher, since this finding may anticipate potentially catastrophic thrombotic events [3]. Whenever possible and until further evidence is available, we believe that switching from oral AC to heparin (when another AC indication coexists) is the safest and most effective way to treat COVID-19 coagulopathy in moderate and severe patients. Nevertheless, it should always be highlighted that AC therapeutic regimens might be associated with a non-negligible burden of unpredictable hemorrhagic events, even in the absence of overt contraindications. Therefore, waiting for definite evidence from ongoing randomized

clinical trials comparing different AC regimens [5] is mandatory before adopting this strategy as standard treatment in COVID-19.

Declaration of Competing Interest

The authors report no relationships that could be construed as a conflict of interest.

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