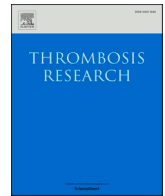




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## Corrigendum

## Corrigendum to “The hypercoagulable state in COVID-19: Incidence, pathophysiology, and management” [Thromb. Res., 194, October 2020, Pages 101–115]

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The authors regret that the term “anti-fibrinolytics” was incorrectly used in Section 5.3, first paragraph, where the correct term should have been “fibrinolytics” instead. The incorrect term was used both in the title and content of the first paragraph of this subsection.

Conversely, the correct term intended for the second paragraph of this section is “anti-fibrinolytics” and not “fibrinolytics”.

The authors would like to apologise for any inconvenience caused. A correct version of the section is provided below.

### 5.3. Fibrinolytics

There has been interest in the use of fibrinolytics in the management of thrombosis and ARDS in the setting of COVID-19. Fibrin deposition in the alveolar spaces and lung parenchyma is a known observation in ARDS leading to worse respiratory outcomes [<sup>130</sup>]. Although inhibiting thrombin generation with heparin agents may prevent further fibrin deposition, unlike the use of fibrinolytics, it is not effective against pre-existing fibrin deposits. The use of tPA to treat ARDS in COVID-19 has

been proposed, following a case series of 3 COVID-19 patients in whom tPA was associated with temporary improvement in respiratory parameters [<sup>131,132</sup>]. However, bleeding complications remain a major concern, and given the paucity of data, the use of fibrinolytics is not yet a strong recommendation. An alternative, safer approach that may confer benefit in COVID-19 induced ARDS is the use of nebulized fibrinolytics. In 2019, a study on 60 patients with ARDS showed that use of nebulized streptokinase in patients with severe ARDS resulted in improvements in oxygenation and lung mechanics more rapidly than nebulized heparin [<sup>133</sup>]. This approach would need further investigation in the COVID-19 setting.

Conversely, another agent with anti-fibrinolytic properties that has been considered is Nafamostat. Nafamostat is a synthetic serine protease inhibitor that has been used in Japan for treatment of DIC in pancreatitis for decades. Nafamostat possesses both anti-fibrinolytic activity as well as anti-viral activity, and has thus generated interest in being repurposed as a potential therapeutic agent for COVID-19 in ongoing studies [<sup>134</sup>].

DOI of original article: <https://doi.org/10.1016/j.thromres.2020.06.029>.

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<https://doi.org/10.1016/j.thromres.2020.11.012>

