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Venous thromboembolism in SARS-CoV-2 patients: only a problem in ventilated ICU patients, or is there more to it?

Maarten Criel ¹, Maarten Falter ¹, Jasmien Jaeken¹, Margaretha Van Kerrebroeck¹, Isabelle Lefere², Liesbeth Meylaerts², Dieter Mesotten^{3,4}, Margot vander Laenen⁴, Tom Fizev⁴, Michiel Thomeer ^{1,3} and David Ruttens¹

Affiliations: ¹Dept Pulmonary Medicine, Ziekenhuis Oost Limburg, Genk, Belgium. ²Dept Radiology, Ziekenhuis Oost Limburg, Genk, Belgium. ³Dept of Medicine and Life Sciences, Hasselt University, Diepenbeek, Belgium. ⁴Dept of Anaesthesiology, Intensive Care, Emergency Medicine and Pain Therapy, Ziekenhuis Oost-Limburg, Genk, Belgium.

Correspondence: David Ruttens, Ziekenhuis Oost-Limburg, Pulmonary Medicine, Schiepse Bos 6, Genk 3600, Belgium. E-mail: david.ruttens@zol.be

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Insidious venous thromboembolism (VTE) is mainly a problem in ICU-ventilated SARS-CoV-2 patients, while patients in the general ward, treated with thromboprophylaxis (0.5 mg·kg⁻¹), had a low incidence of insidious VTE <https://bit.ly/2Yl8jft>

Cite this article as: Criel M, Falter M, Jaeken J, *et al.* Venous thromboembolism in SARS-CoV-2 patients: only a problem in ventilated ICU patients, or is there more to it?. *Eur Respir J* 2020; 56: 2001201 [<https://doi.org/10.1183/13993003.01201-2020>].

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To the Editors:

Venous thromboembolism (VTE) is a well-known complication in hospitalised patients [1–5]. Risk factors include older age, obesity, immobilisation, active malignancy, systemic inflammatory response syndrome (SIRS), (major) surgery, thrombophilia and a history of thromboembolism [2, 5]. In 1884, Rudolph Virchow first described the underlying pathophysiological mechanisms, which consist of endothelial cell dysfunction/inflammation, low blood flow and blood hypercoagulability. Current guidelines recommend the use of thromboprophylaxis in acutely ill medical patients who are at high risk for VTE (Padua score ≥ 4 , IMPROVE (International Medical Prevention Registry on Venous Thromboembolism) score ≥ 2) [6]. However, in medical practice, less than half of the patients at risk receive adequate thromboprophylaxis [4].