




SHAREABLE PDF

How can we better predict pulmonary blood clots in patients hospitalised for COVID-19?

Laurent Bertoletti ^{1,2,3,4} and Menno V. Huisman⁵

Affiliations: ¹Service de Médecine Vasculaire et Thérapeutique, CHU de St-Etienne, Saint-Etienne, France. ²INSERM, UMR1059, Equipe Dysfonction Vasculaire et Hémostasie, Université Jean-Monnet, Saint-Etienne, France. ³INSERM, CIC-1408, CHU Saint-Etienne, Saint-Etienne, France. ⁴F-CRIN INNOVTE network, Saint-Etienne, France. ⁵Dept of Thrombosis and Hemostasis, Leiden University Medical Center, Leiden, The Netherlands.

Correspondence: Menno V. Huisman, Dept of Thrombosis and Hemostasis, Leiden University Medical Center, Leiden, Albinusdreef 2, 2333ZA Leiden, The Netherlands. E-mail: m.v.huisman@lumc.nl



@ERSpublications

D-dimer threshold at 2590 ng·mL⁻¹ is able to predict pulmonary embolism in COVID-19 patients with clinical deterioration <https://bit.ly/3kYObc3>

Cite this article as: Bertoletti L, Huisman MV. How can we better predict pulmonary blood clots in patients hospitalised for COVID-19? *Eur Respir J* 2020; 56: 2003092 [<https://doi.org/10.1183/13993003.03092-2020>].

This single-page version can be shared freely online.

The emergence of coronavirus disease 2019 (COVID-19) has put pressure on health systems around the world [1, 2]. This coronavirus has also questioned much of our medical knowledge, with each day seeing the appearance of a new possible clinical expression of the virus [3]. Although its physiopathology is still poorly understood, the vascular tropism of the disease now seems to be a major pathway [4]. Recent studies highlight the development of a specific pulmonary vascular endothelialitis associated with thrombosis and angiogenesis [5].