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Thromboelastography to Detect Hypercoagulability and Reduced Fibrinolysis in Coronavirus Disease 2019 Acute Respiratory Distress Syndrome Patients

Corey Sadd, Timothy Rowe, Moniba Nazeef, Pierre Kory, Samir Sultan, Hilary Faust

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Author of the commentary: *Dr Raquel Ferrandis Comes*. Medical Specialist in Anaesthesiology and Resuscitation, University and Polytechnic La Fe Hospital, Valencia. Associate Professor, Faculty of Medicine, Valencia.

The authors do not present an innovative analysis in comparison to the many original studies that we have read in recent months about COVID-19. We are all aware of the prothrombotic tendency observed in COVID-19 patients and that this has been postulated as one of the explanations for hypoxia, given the description of pulmonary microthrombi in some studies.

Based on 10 patients admitted to their centre, the authors make a retrospective analysis of the thromboelastography results and the relationship with the clinical development of these patients. This study supports the existence of hypercoagulability and alteration of fibrinolysis in patients with acute respiratory distress syndrome (ARDS) associated with COVID-19. As in other clinical situations, thromboelastography provides a comprehensive picture of the coagulopathy that could help identify patients with a higher thrombotic risk and, consequently, a higher risk of multiorgan dysfunction and worse prognosis. As such, pending the results of ongoing clinical trials, the authors suggest the use of thromboelastography as a guide to decide when to start fibrinolysis treatment in patients with poor outcomes who do not respond to anticoagulant treatment.

From my point of view, we still have a lot to understand about the details of the alteration in coagulation that patients with severe COVID-19 present with. Without a doubt, thromboelastography will play an important role in this context, but its interpretation or use as a guide for the treatment of these patients remains controversial. The accumulation of experience, mainly based on publications like the one presented here, is the best evidence we have to date in the absence of randomised clinical trials.