Coagulation abnormalities in COVID-19 patients

Supporting labs in the diagnosis, treatment, and management of COVID-19 patients

COVID-19 patients are experiencing serious—and sometimes fatal—clotting abnormalities.

Studies show that about 25%—or even up to 70%—of critically ill patients have confirmed venous thromboembolism (VTE) or pulmonary embolism (PE).

What is thrombosis?

Thrombosis is a blood clot that forms in an artery or vein. It is the one disorder that causes the world’s top three cardiovascular killers: heart attack, stroke, and venous thromboembolism (VTE), a blood clot found mostly in the leg and lungs.

In one study, ~70% of COVID-19 patients who died had disseminated intravascular coagulation (DIC).

Disseminated intravascular coagulation is a condition in which small blood clots develop throughout the bloodstream, blocking small blood vessels. The increased clotting depletes the platelets and clotting factors needed to control bleeding, causing excessive bleeding.

A study showed COVID-19 patients with D-dimer levels >2 mg/L FEU were 50 times more likely to die than patients with D-dimer levels <2 mg/L FEU.

Elevated D-dimer levels were found to be a crucial laboratory marker to indicate a thrombotic risk in COVID-19 patients. Following a COVID-19 diagnosis, hemostasis testing, therapy, and monitoring have been shown to play a decisive role in COVID-19 patient management.

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