Ongoing trials on COVID-19 treatments: please, don't forget Venous Thromboembolism!

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To the Editor,

As the COVID-19 pandemic continues evolving worldwide, several trials on COVID-19 disease are ongoing attempting to identify specific and efficient treatments. In this regard, over the latest weeks, some important and preliminary data have been published [1–3]. Doubtless, these studies have allowed to identify some drugs able to reduce the viral loads, improve the recovery time and probably prevent the progression to more severe pulmonary involvement. Unfortunately, venous thromboembolism (VTE), is frequently observed in COVID-19 patients, as well as acute pulmonary embolism (PE) [4, 5]. Notably, recent published data obtained from randomized trials on Remdesivir [1, 2] and Dexamethasone [3], have not reported information on the thromboembolic complication rate in enrolled patients. Based on published data, we cannot deny that VTE, both asymptomatic or symptomatic, plays a crucial role in the clinical manifestations and evolution of COVID-19 infection as well as in the short-term outcomes of these patients. In this regard, it would be helpful to have, despite difficult to perform, the more accurate global picture of tested treatments, since we cannot forget that their results have an immediate application in daily clinical practice, due to the ongoing pandemic. Doubtless, is it true that perform this type of studies, which are conducted during an “hostile” period, due to the considerable pressure on health care systems and physicians, is very difficult, but we cannot give up on the most comprehensive knowledge on this disease. The aim of considering VTE is beyond a potential thromboprophylactic effect of considered drugs.

Nowadays anticoagulation can be achieved in several ways. Conversely, it would be important to obtain data on potential thromboembolic adverse effects of the tested drugs as well as potential adverse interaction with available anticoagulants use in daily clinical practice in COVID-19 patients. Moreover, whether antiviral agents, immunomodulating, anti-inflammatory or direct endothelial-vascular therapies might reduce or increase the likelihood of thrombotic events, must be clearly assessed before recommending their use in daily clinical practice. Too many times VTE has been forgotten in different clinical scenarios. Now, we cannot allow this.

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Compliance with ethical standards

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