Venous Thromboembolism (VTE) in COVID-19

COVID-19 Associated Coagulopathy (CAC)


Current: Large and small vessels thrombosis has been observed on autopsy, even in patients on VTE prophylaxis.¹

Cutting edge: Pulmonary thrombosis may be more common than embolization. Anticoagulation may help large vessel involvement while anti-inflammatories may be the best approach to reducing small vessel thrombosis.

VTE Prophylaxis

Context: High-intensity prophylaxis improved thrombotic-free survival in H1N1 influenza.

Current: Therapeutic-dose anticoagulation may benefit critically ill COVID-19 patients.²

Cutting Edge: Benefits of high-intensity prophylaxis (LMWH 30 BID or UFH 7500 TID) may outweigh risks for critically ill patients with ARDS.

Diagnosis and Treatment

Context: CT angiogram is accurate for the diagnosis of VTE in the setting of COVID-19. VTE may be diagnosed clinically for patients who are not sufficiently stable to obtain these images.

Current: Parenteral anticoagulation with LMWH or UFH is recommended for treatment initiation for COVID-19 patients to help reduce staff exposure and drug accumulation related to drug-drug interactions or organ dysfunction.³

Cutting Edge: Transition from parenteral anticoagulation to direct oral anticoagulation (DOAC) once clinical stability is achieved and continue treatment for a minimum of three months.

References: