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Therapeutic Anticoagulation with Heparin in Critically Ill Patients with Covid-19

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Editorial

Thrombosis and inflammation may play a role in morbidity and mortality in coronavirus patients in 2019. Therapeutic-dose anticoagulation, we expected, would enhance outcomes in critically ill Covid-19 patients. Coronavirus disease 2019 (Covid-19) is linked to thrombosis and inflammation. Despite receiving standard-dose pharmacologic thromboprophylaxis, critically ill patients on Covid-19 are at increased risk of thrombosis. Systemic inflammation and coagulation activation indicators in circulation. As a result, inflammation and thrombosis may play a role in poor outcomes. Enhanced-dose anticoagulation techniques have been integrated into various Covid-19 advice statements, notably for critically ill patients, due to reports of increased thrombotic risk. The effectiveness and safety of therapeutic-dose anticoagulation given to improve Covid-19 results, on the other hand, are unknown. In critically ill patients with Covid-19, we conducted an international, adaptive, multiplatform, randomised, controlled trial to see if an initial strategy of therapeutic dose anticoagulation with unfractionated or low-molecular-weight heparin improves in-hospital survival and reduces the duration of ICU-level cardiovascular or respiratory organ support. Despite the fact that the group receiving therapeutic-dose anticoagulation had fewer major thrombotic events than the group receiving usual-care pharmacologic thromboprophylaxis, the therapeutic-dose anticoagulation group had fewer major thrombotic events than the usual-care pharmacologic thromboprophylaxis group. During the treatment period, 3.8% of patients receiving therapeutic-dose anticoagulation and 2.3% of those receiving usual-care thromboprophylaxis experienced a significant bleeding episode. Therapeutic-dose anticoagulation did not increase the probability of survival to hospital discharge or the number of days free of cardiovascular or respiratory organ support in this multiplatform, randomised trial involving more than 1000 critically ill patients with confirmed Covid-19, and had a 95% probability of being inferior to usual care pharmacologic thromboprophylaxis. Therapeutic-dose anticoagulation had an 89 percent chance of causing a worse chance of surviving to hospital release than usual-care thromboprophylaxis. In both intervention groups, bleeding problems were uncommon. The overall effect of anticoagulation on clinical outcomes in patients with Covid-19 may vary depending on the severity of illness (and the degree of coagulation or inflammation) at the time medication is started and the timing of starting in respect to disease history. The probability of therapeutic-dose anticoagulation being inferior to the primary outcome in this experiment was 95%.The mechanisms that account for the likelihood of injury are unknown. Despite the fact that the risk of significant bleeding was increased with therapeutic-dose anticoagulation than with usual-care thromboprophylaxis, the risk remained still low 3.8%. The open-label approach of our study has the potential to introduce bias in the detection of thrombotic events.

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