# Article information:

Heparin-induced thrombocytopenia is associated with a high risk of mortality in critical COVID-19 patients receiving heparin-involved treatment | medRxiv  
<https://www.medrxiv.org/content/10.1101/2020.04.23.20076851v1>

# Article summary:

1. Critical COVID-19 patients receiving heparin-involved treatment have a high risk of mortality.

2. Severe thrombocytopenia, with a platelet count less than 50×109/L, is common in critical COVID-19 patients and is associated with a fatal outcome.

3. Anti-heparin-PF4 antibodies are induced in critical COVID-19 patients, leading to a progressive decrease in platelet count.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article titled "Heparin-induced thrombocytopenia is associated with a high risk of mortality in critical COVID-19 patients receiving heparin-involved treatment" presents findings on the association between heparin-induced thrombocytopenia (HIT) and mortality in critical COVID-19 patients. While the study provides valuable insights, there are several aspects that require critical analysis.

One potential bias in this study is the small sample size. The study includes only 61 critical COVID-19 patients treated in the intensive care unit (ICU) and 93 severe non-ICU patients from a single hospital in Wuhan, China. This limited sample size may not be representative of the broader population of COVID-19 patients, which could affect the generalizability of the findings.

Another potential bias is the lack of a control group. The study compares survivors and nonsurvivors among critical COVID-19 patients but does not include a control group of non-COVID-19 patients or COVID-19 patients without critical illness. Without a control group, it is challenging to determine whether HIT is specifically associated with mortality in COVID-19 patients or if it is a common occurrence in critically ill individuals.

The article also makes unsupported claims regarding HIT occurring in heparin-naïve patients. While it suggests that spontaneous HIT may occur in COVID-19, no evidence or data are provided to support this claim. Further research would be needed to establish this association definitively.

Additionally, the article does not explore potential counterarguments or alternative explanations for the observed associations. It focuses solely on the association between HIT and mortality without considering other factors that could contribute to poor outcomes in critical COVID-19 patients.

Furthermore, there is no discussion of potential confounding variables that could influence the observed associations. Factors such as age, comorbidities, and severity of illness may play a role but are not adequately addressed in the study.

The article also lacks a comprehensive discussion of the potential risks and benefits of alternative anticoagulants. While it suggests using an alternative anticoagulant other than heparin for critical COVID-19 patients, it does not discuss the potential risks or limitations of these alternatives. A more balanced analysis would consider both the benefits and drawbacks of different treatment options.

Overall, while this study provides initial insights into the association between HIT and mortality in critical COVID-19 patients, its small sample size, lack of a control group, unsupported claims, unexplored counterarguments, and limited discussion of potential risks limit its overall validity and generalizability. Further research with larger sample sizes and more comprehensive analyses is needed to confirm these findings and provide a more nuanced understanding of the relationship between HIT and mortality in COVID-19 patients.

# Topics for further research:

* Heparin-induced thrombocytopenia in COVID-19 patients: prevalence and risk factors
* Control group studies on heparin-induced thrombocytopenia in critically ill patients
* Spontaneous heparin-induced thrombocytopenia: evidence and mechanisms
* Factors contributing to poor outcomes in critical COVID-19 patients
* Confounding variables in the association between heparin-induced thrombocytopenia and mortality in COVID-19 patients
* Risks and benefits of alternative anticoagulants for critical COVID-19 patients

# Report location:

<https://www.fullpicture.app/item/8ae768c4d70df95780d4ab185eead8a3>