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Response to Thrombotic Microangiopathy: COVID-19 or Hydroxychloroquine?

R. Wanchoo

Zucker School of Medicine at Hofstra/Northwell, rwanchoo1@northwell.edu

M. L. Barilla-LaBarca

Zucker School of Medicine at Hofstra/Northwell, mbarilla@northwell.edu

K. D. Jhaveri

Zucker School of Medicine at Hofstra/Northwell, kjhaveri@northwell.edu

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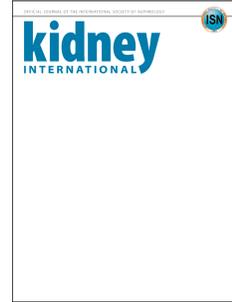
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Rimda Wanchoo, Maria Louise Barilla-LaBarca, Kenar D. Jhaveri

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Response to Thrombotic Microangiopathy: COVID-19 or Hydroxychloroquine?

¹Rimda Wanchoo,² Maria Louise Barilla-LaBarca,¹ Kenar D. Jhaveri

¹Division of Kidney Diseases and Hypertension and ²Rheumatology, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Northwell Health, NY

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We thank Dr Hasbal for the concern expressed (1) regarding hydroxychloroquine (HCQ) as the cause of the TMA in our published case titled “Thrombotic microangiopathy (TMA) in a patient with COVID-19”(2). An immune mediated thrombotic microangiopathy usually requires ongoing exposure to the drug. In our case, the patient mentioned was on HCQ for a duration of 5 days. The initial 2 doses were prior to the admission and the drug was continued during the initial 3 days of hospitalization. The findings of hemolysis and TMA developed on day 17 of the admission which was 2 weeks after the drug had been discontinued. Both in the Fromm et al (3) and Mar et al (4) reports that were mentioned, TMA developed during the duration of treatment with HCQ. In addition, the most commonly used indication for HCQ is systemic lupus erythematosus (SLE); and we have to keep in mind that SLE can also lead to systemic TMA (5).

In our case, given the short course of HCQ and stability of hemolysis labs for 2 weeks and the delayed development of TMA, weeks after the drug was discontinued, suggest against the possibility of HCQ related TMA.

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