

# Blood clot risk high following COVID-19 hospitalization

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care unit stay (OR, 2.22), [chronic kidney disease](#) (OR, 2.10), peripheral arterial disease (OR, 2.04), carotid occlusive disease (OR, 2.02), IMPROVE-DD VTE score  $\geq 4$  (OR, 1.51), and coronary artery disease (OR, 1.50). After discharge, reduced rates of the primary outcome were associated with anticoagulation (OR, 0.54).

"This study reveals it is important to monitor COVID-19 survivors for [dangerous blood clots](#) even after they leave the hospital," Kevin J. Tracey, M.D., chief executive officer of the Feinstein Institutes, said in a statement.

**More information:** [Abstract/Full Text](#) ([subscription or payment may be required](#))

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(HealthDay)—Following COVID-19 hospitalization, thromboembolic events occur frequently, according to a study published online April 6 in *Blood*.

Dimitrios Giannis, M.D., from The Feinstein Institutes for Medical Research at Northwell Health in Manhasset, New York, and colleagues used data from 4,906 consecutive COVID-19 patients (53.7 percent male; mean age, 61.7 years) hospitalized within a multihospital system from March 1 to May 31, 2020. The authors examined the frequency of postdischarge thromboembolic events ([venous thromboembolism](#) [VTE], arterial thromboembolism [ATE], and all-cause mortality).

The researchers found that postdischarge thromboprophylaxis was prescribed in 13.2 percent and the composite primary outcome rate was 7.13 percent (VTE, 1.55 percent; ATE, 1.71 percent; all-cause mortality, 4.83 percent; major bleeding, 1.73 percent). The composite primary outcome was significantly associated with advanced age (odds ratio [OR], 3.66), prior VTE (OR, 2.99), intensive

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