

Response to late diagnosis of COVID-19 and hypercoagulable state

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D Desdiani. Response to late diagnosis of COVID-19 and hypercoagulable state. *Can J Respir Ther* 2022;58:121. doi: 10.29390/cjrt-2022-033.

Dear Editor,

I would like to give my response to Mungmunpantipantip and Wiwanitkit's Letter to the Editor, "Late diagnosis of COVID-19 and hypercoagulable state" [1], which cited my paper "Late diagnosis of COVID-19 in a 34-year-old man in a hypercoagulable state: A case report" [2].

Based on the case, this patient was initially treated by an internist in a small hospital and was diagnosed and treated as Dengue Hemorrhagic Fever patient; however, there was no improvement and the condition even worsened, oxygen saturation decreased, then the patient was referred to a larger hospital. After a Polymerase Chain Reaction (PCR) examination, the results were positive, and then the patient was diagnosed and treated as COVID-19 patient, but because the patient already had a severe hypercoagulable condition, the patient could not be helped [3-5].

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