



Letter to the Editor

Response to queries about “COVID-19 and adult acute lymphoblastic leukemia: Presentation and management”



Dear editor,

We would like to thank you for giving us an opportunity to respond to the queries related to our article entitled “COVID-19 and adult acute lymphoblastic leukemia: Presentation and management”.¹ In this letter we will try to provide answers to the questions raised and the rationale guiding our management decisions.

The first query raised is regarding the lack of use of dexamethasone and remdesivir in the patient. However, this patient developed COVID-19 before the benefits of these medications were ascertained and hence these agents were not used in management.

The next question mentioned pertains to the underlying etiology of acute hypoxic respiratory failure being secondary to a superimposed bacterial or fungal infection or COVID-19 itself. At the time when he developed COVID-19 his fungal infection was under control as his blood culture showed no growth, and galactomannan and Beta-d-Glucan assay was normal. Therefore, his hypoxia was determined to be secondary to COVID-19.

The next issue raised is the decision to use granulocyte-colony stimulating factor (G-CSF). We inferred that his COVID-19 infection may exacerbate because of neutropenia secondary to chemotherapy, therefore he was administered G-CSF to which he responded, and he was discharged from the hospital in 4 days with resolution of neutropenia.

Lastly, about the use of thromboprophylaxis, at the time of the presentation of this patient (early April 2020), the benefit of prophylactic anticoagulation in COVID was not yet fully established. He became symptom free from COVID-19 with resolution of thrombocytopenia in one week while guidelines for COVID and anticoagulation started emerging later.^{2,3}

We hope this provides greater context and clarity with respect to the queries raised.

Authors' contributions

AB and NN made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Conflicts of interest

None.

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Received 31 July 2021

Accepted 17 August 2021

Available online 20 November 2021

<https://doi.org/10.1016/j.htct.2021.08.009>
2531-1379/

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