

Haematological changes in COVID-19: correspondence

Rujittika Mungmunpantip¹, Viroj Wiwanitkit^{2,3}

¹Private Academic Consultant, Bangkok Thailand

²Dr DY Patil Vidhyapeeth, Pune, India

³Joseph Ayo Babalola University, Ikeji-Arakeji, Nigeria

We would like to share ideas on the publication “Haematological changes in sailors who had COVID-19” [1]. Ignatyev et al. [1] set out to investigate how frequently sailors with an acute coronavirus infection experienced haematopoietic alterations. Relative or absolute leukopenia is the most frequent laboratory change in the white blood cell (WBC) count in patients with the prior coronavirus disease 2019 (COVID-19), according to Ignatyev et al. [1]. According to Ignatyev et al. [1], persistent changes in WBC count should be evaluated by a complex of typical alterations because they are not necessarily beyond the reference range for absolute values. Ignatyev et al. [1] came to the conclusion that a patient with a history of COVID-19 warrants a thorough investigation for the post-COVID-19 syndrome if there are any typical alterations in WBC count. We both believe that a thorough examination into the causes of the haematological anomalies is necessary. The COVID-19 may or may not have anything to do with the observed change in the current

report. There could be conflicting problems. To begin with, it’s important to rule out any concomitant infections. As an illustration, dengue is a potential co-infection that may have an impact on the haematological parameter [2]. Second, underlying haematological conditions may potentially have an impact. It is important to rule out a variety of nutritional issues such iron and folate deficient illnesses as well as hereditary diseases like haemoglobinopathies.

Conflict of interest: None declared

REFERENCES

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✉ Dr. Rujittika Mungmunpantip, Private Academic Consultant, Bangkok Thailand, e-mail: rujittika@gmail.com

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