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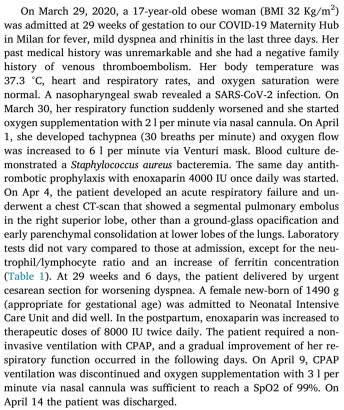
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Letter to the Editors-in-Chief

Pulmonary embolism in a young pregnant woman with COVID-19



Despite the young age and a personal and family history negative for thrombosis, this young obese woman with COVID-19 and *Staphylococcus aureus* infection developed pulmonary embolism. Although the embolus was small and did not worsen coagulation laboratory parameters, it caused a severe impairment of patient's clinical conditions and prompted an urgent timing of delivery. There is stemming evidence that pulmonary embolism is a complication of COVID-19 [1]. Obese pregnant women with COVID-19 may have a particularly high risk of pulmonary embolism because of coexisting prothrombotic conditions. This should be considered for tailoring antithrombotic prophylaxis.

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Declaration of competing interest

The authors do not declare any conflict of interest.

Table 1

Laboratory findings at admission and at worsening of respiratory function.

	Mar 29, 2020 - admission	Apr 4, 2020 - diagnosis of pulmonary embolism
White-cell count (per mm ³)	6910	6022
Differential count (per mm ³)		
Total neutrophils	5660	3910
Total lymphocytes	770	1830
Total monocytes	470	430
Platelet count (per mm ³)	300,000	335,000
Hemoglobin (g/l)	85	91
Albumin (g/l)	34	24
Alanine aminotransferase (U/l)	18	12
Aspartate aminotransferase (U/l)	29	ND
Lactate dehydrogenase (U/l)	168	223
Creatinine (µmol/l)	48	47
EGFR (mil/min/1.73 m ²)	144	145
Prothrombin time (sec)	10.9	9.8
Activated partial-thromboplastin time (sec)	31.8	27.2
Fibrinogen (g/l)	6.02	5.43
D-dimer (mg/l)	16.4	15.8
Serum ferritin (µg/l)	117	418
Procalcitonin (ng/ml)	ND	0.10
C-reactive protein (mg/l)	28.5	28.1

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