Dear Editor,

We would like to share ideas on the publication "Hemoglobinopathy and pediatrics in the time of COVID-19." Vilela et al. concluded that, "Despite pediatric population with SCD needs more intensive care, the outcome after infection by COVID-19 is favorable." A previous report from Iran noted that patients with thalassemia/hemoglobinopathy had a possible susceptible nature to severe COVID-19. However, a report from Southeast Asia showed an opposite conclusion. Based on the data from our setting, Indochina, where beta-thalassemia and hemoglobin E are very common, only a few cases (less than 5) among more than 20,000 local COVID-19 patients had associated hemoglobinopathy. This marked low incidence might confirm the hypothesis on COVID-19 resistance of patients with hemoglobinopathy. Additionally, all infected cases with underlying hemoglobinopathy usually have mild symptoms. The effect of standard iron chelation therapy in patients with hemoglobinopathy is a possible explanation for mild COVID-19. Pharmacologically, the iron chelating agent can suppress endothelial inflammation, which is the main pathophysiologic mechanism in COVID-19.

Conflicts of interest

None.

REFERENCES


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Received 19 March 2021
Accepted 14 April 2021
Available online 18 May 2021

https://doi.org/10.1016/j.htct.2021.04.003
2531-1379/
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