

Eculizumab, a terminal complement C5 inhibitor, can control the activation of the complement pathway. Eculizumab therapy results in rapid and significant improvement in hematologic parameters including platelet count and results in significant and continued reversal of renal damage. Earlier intervention with eculizumab in patients with aHUS is critical to maximizing clinical benefit.

Secondary TMA signifies a TMA occurring in the context of another disease process, such as infection, malignant hypertension, autoimmune disease, malignancy, transplantation, pregnancy, or drugs. The clinical and laboratory features of COVID-19-associated coagulopathy (CAC) partially overlap with sepsis-induced coagulopathy (SIC)/disseminated intravascular coagulation (DIC), hemophagocytic syndrome (HPS)/ hemophagocytic lymphohistiocytosis (HLH), antiphospholipid syndrome (APS), and thrombotic microangiopathy (TMA). Thrombosis is more common than bleeding in CAC, which is explained by thrombo-inflammation. Transfusion support is more focused on patients with bleeding or needing invasive procedures. VTE prophylaxis post-discharge is a feasible option for high-risk patients.