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## Letter to the Editor

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Dear Editor,

We would like to share our thoughts on the publication “A case of a very large haemorrhagic pericardial effusion in an adolescent patient with COVID-19 infection.”<sup>1</sup> Gokalp et al noted that “a large pericardial effusion may complicate COVID-19 in children and should be considered in acute decompensation.”<sup>1</sup> Cardiac complications are possible in COVID-19. Pericardial effusion has been observed in patients with COVID-19, but it is typically not a hemorrhagic effusion.<sup>2</sup> Further in pericardial effusion, the hemorrhagic effusion in the present case might or might not be associated with COVID-19. Bleeding is a possible problem in COVID-19.<sup>3</sup> A hemopericardium could occur if there is severe coagulopathy, but the patient would be expected to have other bleeding problems. Whether the patient has an underlying hemostatic disorder requires a complete laboratory work-up. Finally, the pericardial effusion might be a coincidence. In a developing Asian country, there are many underlying conditions such as tuberculosis that can cause pericardial effusion and concurrent COVID-19 and tuberculosis infections have been reported in the literature.<sup>4</sup>

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