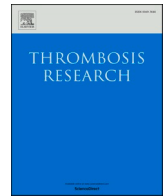




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Letter to the Editors-in-Chief

**SARS-CoV-2 infection, vaccination and acquired hemophilia: Correspondence**

Dear Editor,

We would like to share ideas on the publication “Association between SARS-CoV-2 infection or vaccination and acquired hemophilia A: A case report and literature update [1].” Franchini and Focosi reported a case and further performed a review [1]. According to Franchini and Focosi's examination of the literature data, there have been an increasing number of case reports of AHA linked to SARS-CoV-2 infection and, specifically, vaccination over time [1].

Franchini and Focosi recommended that clinicians be aware of this uncommon but potentially serious adverse event and that, as has been previously reported, hemostasis be investigated in all COVID-19 patients and vaccine recipients in the event of an otherwise unexplained onset of a hemorrhagic picture. When these AHA patients are diagnosed, according to Franchini and Focosi, they should be directed to specialized hemophilia facilities due to the unusually difficult management [1].

It is typically challenging to pinpoint the specific clinical association because there is little clinical information on the health and immunological status of vaccination recipients prior to injection. Comorbidities exist even though they are rarely taken into account in published studies. Since there is little data on the health and immunological status of vaccine recipients before to injection, establishing the specific clinical relationship can occasionally be difficult. The patient's comorbidities may have contributed to the problem. Since there is little data on the health and immunological status of vaccine recipients before to injection, establishing the specific clinical relationship can occasionally be difficult. The patient's comorbidities may have contributed to the problem. It can be difficult to establish the precise clinical link at times. Since there is little data on the health and immunological status of vaccine recipients before to injection, establishing the specific clinical relationship can occasionally be difficult. The patient's comorbidities may have contributed to the problem. The vaccine recipient may potentially have a number of co-occurring ailments in addition to their obvious clinical illness.

Furthermore, studies have shown that the genetic diversity of people

who inherit them influences vaccine recipients' immune responses. A study [2] claims that the genetic background influences how people's immune systems react to vaccinations. A test to assess the effect of genetic factor must be performed before making a decision. More research is needed to rule out any other aggravating factors, such as co-morbidity or an underlying pathological condition. Furthermore, any current or previous asymptomatic COVID-19 infections must be considered. Since asymptomatic COVID-19 is not uncommon [3], it is necessary to rule out this possible condition.

**Declaration of competing interest**

None.

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<https://doi.org/10.1016/j.thromres.2023.01.023>

Received 22 December 2022; Received in revised form 4 January 2023; Accepted 23 January 2023

Available online 3 February 2023

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