



Investor Presentation

NASDAQ: NARI

August 2020

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Our Mission: Treat and Transform the Lives of Patients Suffering from Venous Diseases



Commercial-Stage Company Focused on Venous Solutions



Commercial-stage company that has developed minimally invasive products designed to remove large clots from veins without the need for thrombolytic drugs.



Purpose Built Solutions for the Venous Anatomy

2 Products

Both Disposable; No
Cap Equip

9,500

Patients Treated in Most
Recent Trailing Six
Quarters

\$9,100⁽¹⁾

Blended Revenue per
Procedure

\$25.4mm

2Q20 Revenue
(FY19: \$51.1M
YTD20: \$52.3M)

>80%

Gross Margin

Inari Medical: Purpose Built Solutions for Removing Blood Clots from the Venous Anatomy

Venous Focused



We are **pioneering devices** specifically designed and purpose-built for the **venous anatomy** and its **unique clot morphology**

2 FDA-Cleared & Marketed Products



ClotTrievers (used in DVT) and **FlowTrievers** (used in PE) safely and effectively **remove large volumes of clot** while **eliminating need for thrombolytic drugs**

Large Market Opportunity



Deep Vein Thrombosis (“DVT”) and **Pulmonary Embolism (“PE”)** collectively represent an approximately **\$3.6bn annual U.S. market opportunity** ⁽¹⁾

Scaling Commercial Organization



Rapidly growing commercial organization that is designed to **harness and leverage unique insights into key business decisions**

Product Simplicity



Intuitive, easy to use, single-use devices that **do not require capital equipment** or **the use of thrombolytic drugs** and that **enable a short learning curve**

Compelling Economics & Improved Efficiency



Products allow for **short, single sessions** and are designed to **eliminate** need for expensive **thrombolytics** which require **costly ICU stays** and carry risks of **major bleeding**

Unique Culture



Carefully selected team collectively **pursuing extraordinary outcomes** and **improving the quality of life** for **our patients**

Strong Leadership Team to Capitalize on Our Opportunity



Bill Hoffman

Chief Executive Officer

Visualase, Fox Hollow, RITA
Medical



Mitch Hill

Chief Financial Officer

Cameron Health, Visiogen,
Buy.com, Walt Disney Imagineering



Drew Hykes

Chief Commercial Officer

Sequent Medical, Medtronic,
ABN AMRO



Dr. Tom Tu

Chief Medical Officer

Baptist Health Louisville, Massachusetts
General Hospital

Paul Koehn

VP Operations

Cardiovascular Systems

Tara Dunn

VP Clinical Affairs & Market Development

Volcano Corporation, Medtronic, Health Advances

Eric Khairy

VP Marketing

Philips, Volcano Corporation, Corindus Vascular Robotics

John Borrell

VP Sales

Trireme Medical, Fox Hollow, Cardiovascular Systems

Brian Strauss

VP Engineering

Reverse Medical, Medtronic, ev3, Micro Therapeutics

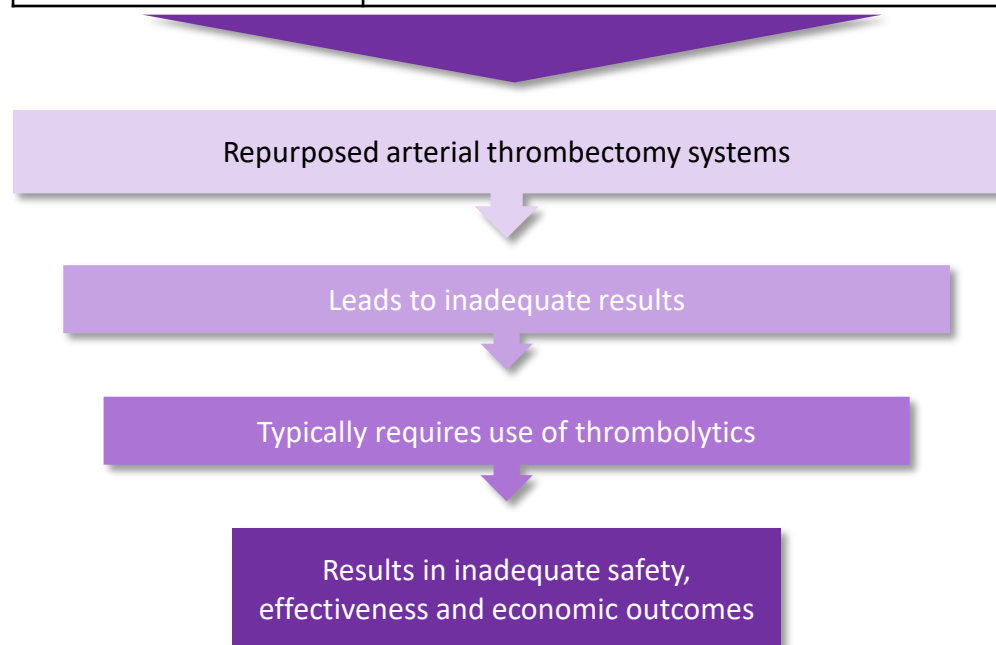
Eben Gordon

VP Quality Assurance & Regulatory Affairs

Sotera Wireless, SenoRx, ReVision Optics

Poor Outcomes for Venous Thrombectomy Stem from Differences Between Arterial and Venous Clot

Parameter	Arterial System	Venous System
Hemodynamics	High flow, high pressure	Low flow, low pressure
Vessel morphology	Vessels taper in direction of flow	Vessels enlarge in direction of flow
Presentation	Ischemic insult (MI, stroke), sudden, spectacular symptoms, treatment sought quickly	DVT: discoloration, swelling, pain, symptoms emerge over days/weeks, treatment delayed PE: impaired heart & lung functions, shortness of breath, chest pain
Clot morphology	Small amounts of soft clot in small vessels, "floating" in the vessel	Large amounts of firm/hard clot in large vessels, adhered to vessel wall



Poor Overall Results

**INADEQUATE
TREATMENT OF
VENOUS
PATIENTS**

Inari Devices Are Specifically Designed for Venous Applications

Penumbra Indigo System⁽¹⁾ Designed For:

- Arterial system
- Small, acute clot
- <3 mm diameter vessel (middle cerebral artery)

Stroke Treated with Indigo

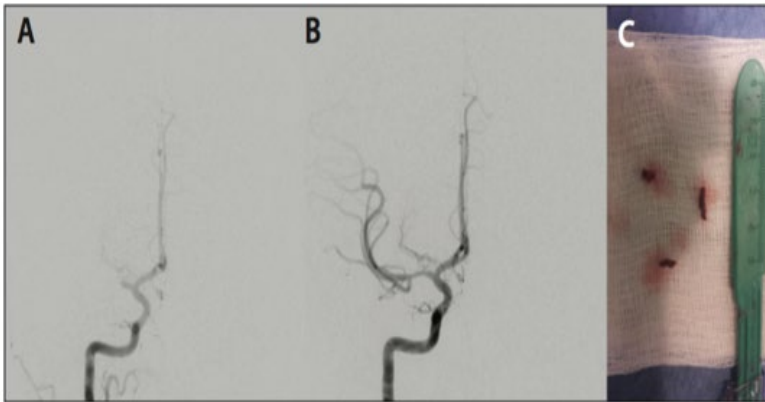
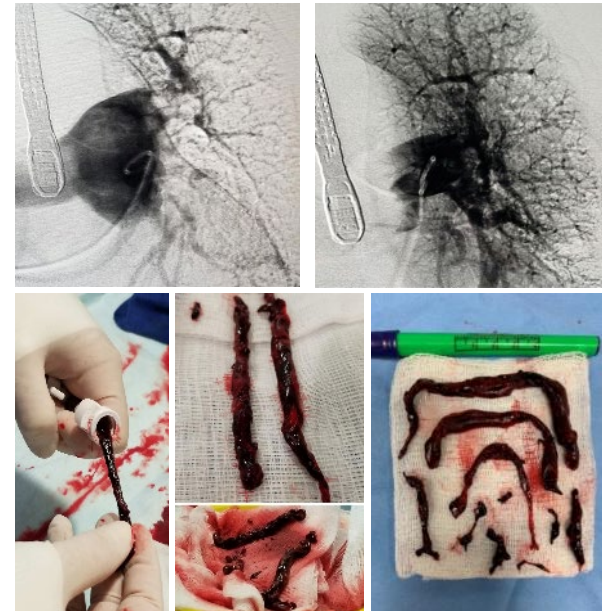


Figure 1. Occluded right MCA (A); revascularization of the MCA (B); removed thrombi (C)

Inari Products Designed For:

- Venous system
- Large, acute/chronic clot
- 6-25 mm diameter vessels (pulmonary arteries)
- 6-16 mm diameter vessels (peripheral vasculature)

PE Treated with FlowTrievers



Inadequate Thrombectomy Options Lead to Use of Thrombolytics, An Ineffective Option for Venous Clot

For Venous Clots, Thrombolytics Are Generally:

1 Ineffective

- Because symptoms from venous clot often appear gradually, the underlying clot can become significant in size and hardened
- Clot morphology changes over time
- The older the clot, the fewer “targets” of thrombolytics remain, which can render thrombolytic treatment ineffective

2 High Risk

- Thrombolytics can carry significant rates of bleeding complications
- Conservative patient selection and lowering dosage do not always eliminate bleeding risks
- Up to 50% of patients with venous thromboembolism (“VTE”) are relatively or absolutely contraindicated to thrombolytics

3 Expensive

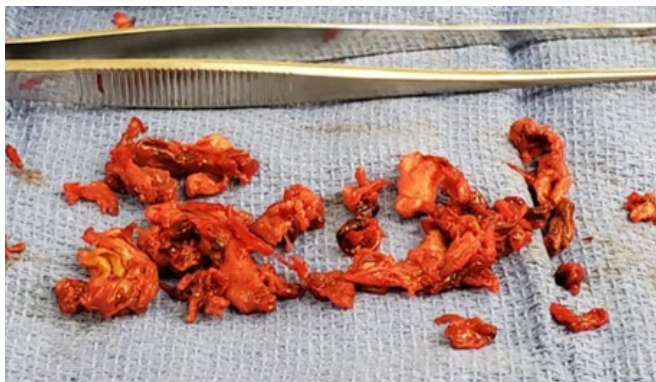
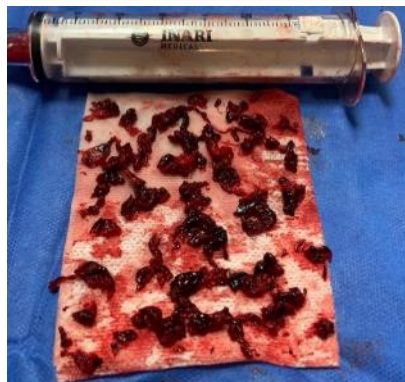
- Thrombolytic drugs can be highly costly
- Administration of thrombolytics requires multiple procedures and prolonged hospital stays
- Bleeding risks necessitate ICU stay (the most expensive bed in the hospital)
- Reimbursement for thrombolytics is relegated to low-paying, medically-orientated DRGs⁽¹⁾

Most Venous Clot Does Not Respond to Thrombolytics

Acute

Chronic

ClotTrievers

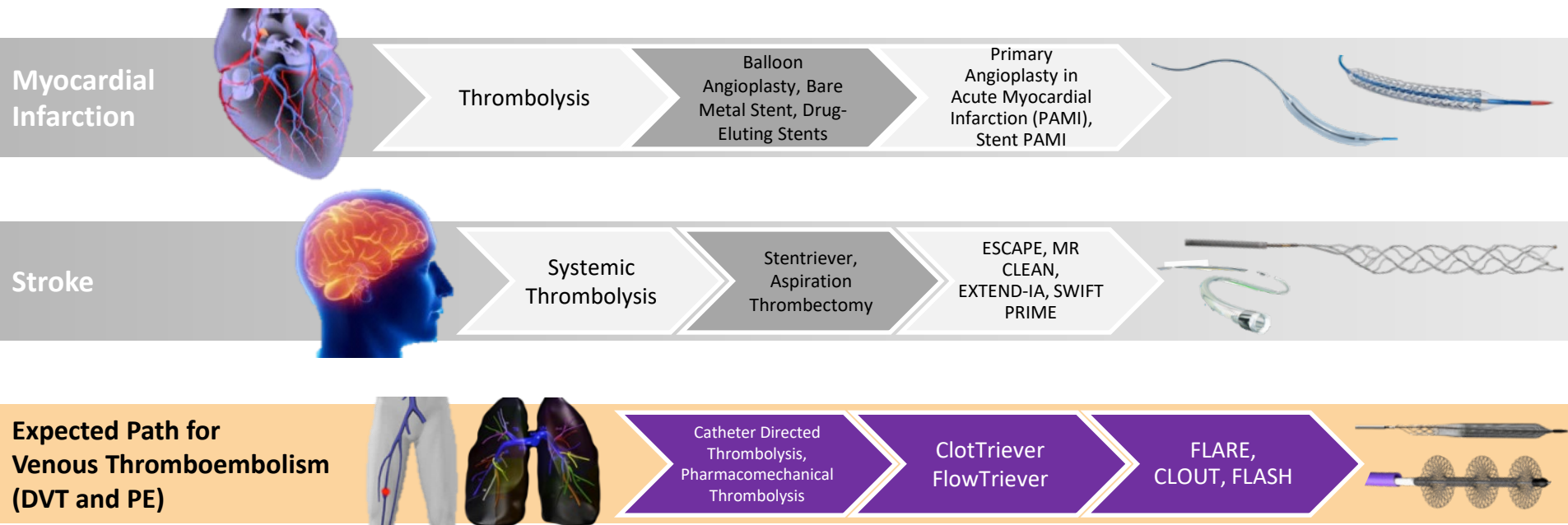


FlowTrievers

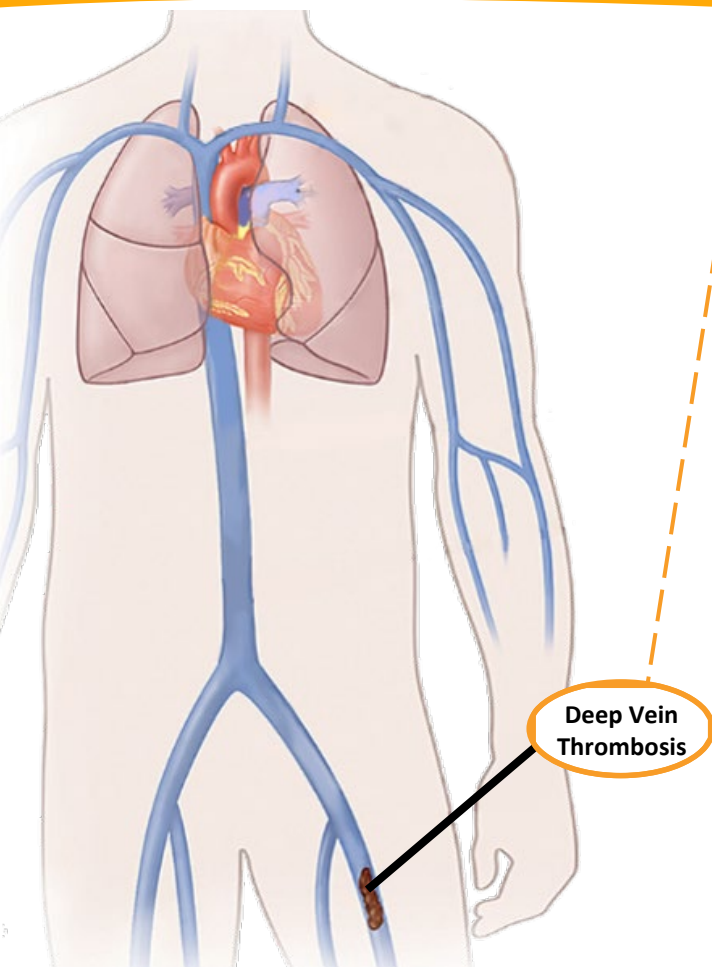


VTE: the Most Recent Example of Vascular Evolution to Catheter-Based Treatments

Development of new tools and supporting data continue to drive treatment away from thrombolytic drugs to definitive endovascular mechanical interventions



Overview of Deep Vein Thrombosis



- Blood clots that form in the deep venous system of the legs and pelvis
- ~50% expected to develop post-thrombotic syndrome (PTS), a chronic, lifestyle-limiting disease comprising swelling, pressure, chronic pain and ulcers
- Nearly 90% of PTS patients are unable to work 10 years after diagnosis

DVT Symptoms

Swelling of the leg

Pain that may worsen when standing or walking

Warmth and redness of the leg

Pre-Op

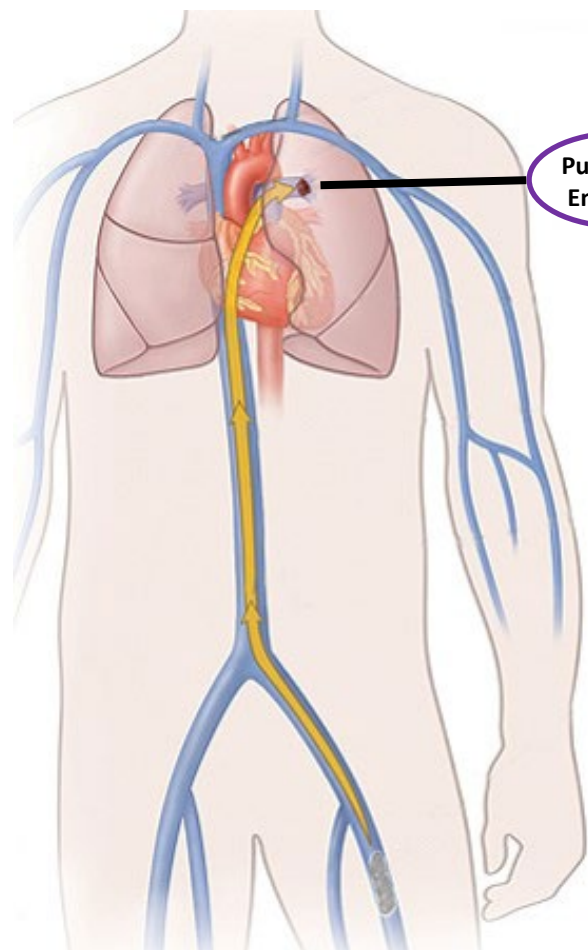


Post-Op



Removing large clot burden quickly improves acute right heart strain and we believe reduced residual clot improves longer-term outcomes

Overview of Pulmonary Embolism



Pulmonary Embolism

- Blood clots that break loose and travel into the lungs
- 3rd leading cause of cardiovascular death⁽¹⁾; #1 cause of preventable deaths in hospitals⁽¹⁾
- Short-term mortality across Massive and Sub-Massive PE: 12-50%
- Long-term complications are also potentially significant: Residual pulmonary vascular obstruction (RPVO) is common (up to 50%)

PE Symptoms

Unexplained sudden breathlessness

Sudden sharp chest pain

Coughing up blood

Pre-Op



Post-Op



Removing large clot burden quickly improves acute right heart strain and we believe reduced residual clot improves longer-term outcomes

DVT TAM of \$1.6Bn, Out of Combined TAM of \$3.6Bn

668,000 DVTs

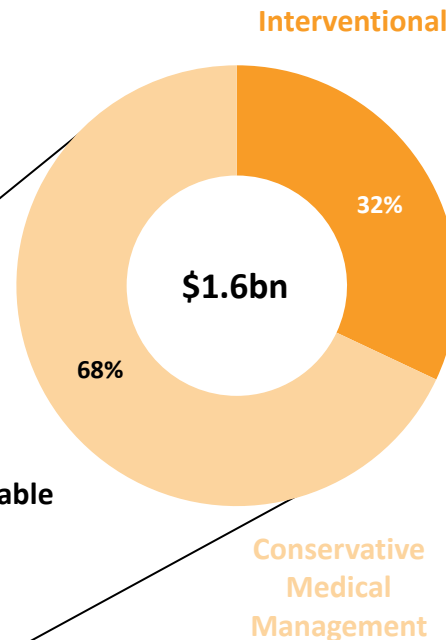
Upper
Extremity,
Femoral,
Lower Leg,
etc.

426,000

Iliiofemoral
DVT

242,000

Current Addressable
DVT Cases



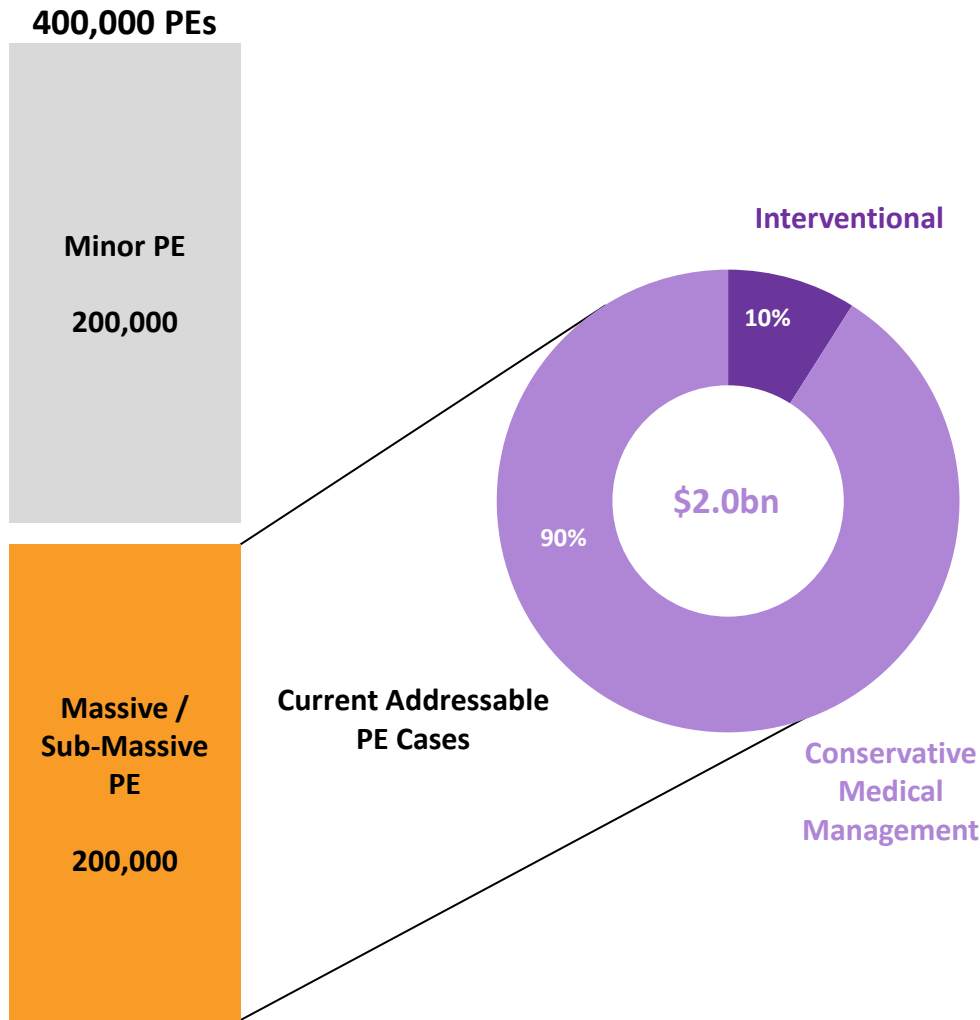
% of Market Treated Interventionally

- Interventional treatment: thrombolytics and/or thrombectomy (and anticoagulation)
- ClotTrier, AngioJet (BSX), Indigo (PEN)
- 32% of DVT TAM

% of Market Treated via Conservative Medical Management

- Conservative medical management
- Anticoagulation alone
- 68% of DVT TAM

PE TAM of \$2.0Bn, Out of Combined TAM of \$3.6Bn



% of Market Treated Interventionally

- Interventional treatment: thrombolytics and/or thrombectomy (and anticoagulation)
- FlowTrier, EKOS (BSX), Indigo (PEN)
- 10% of PE TAM

% of Market Treated via Conservative Medical Management

- Conservative medical management
- Anticoagulation alone
- 90% of PE TAM

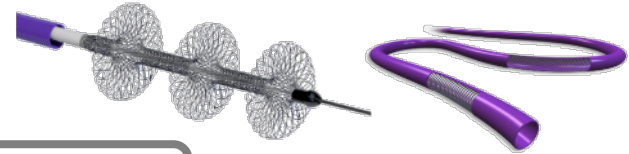
Our Solutions are Designed to Offer Significant Benefits to Hospitals, Physicians and Patients



ClotTrievers System (DVT)



FlowTrievers System (PE)



Key Benefits to Hospitals, Physicians and Patients

1

Capture and **remove large clot** burden from large vessels

2

Liberate clot mechanically and **remove venous clot** from the vessel wall

3

Eliminate the need for **thrombolytic drugs**

4

Remove clot safely with **minimal blood loss**

5

Offer **simple, intuitive and easy to use solutions** to physicians

6

Enable **short, single-session treatment** with improved hospital and physician efficiency

7

Require **no capital investment**

ClotTrieve System Designed Specifically to Treat DVT

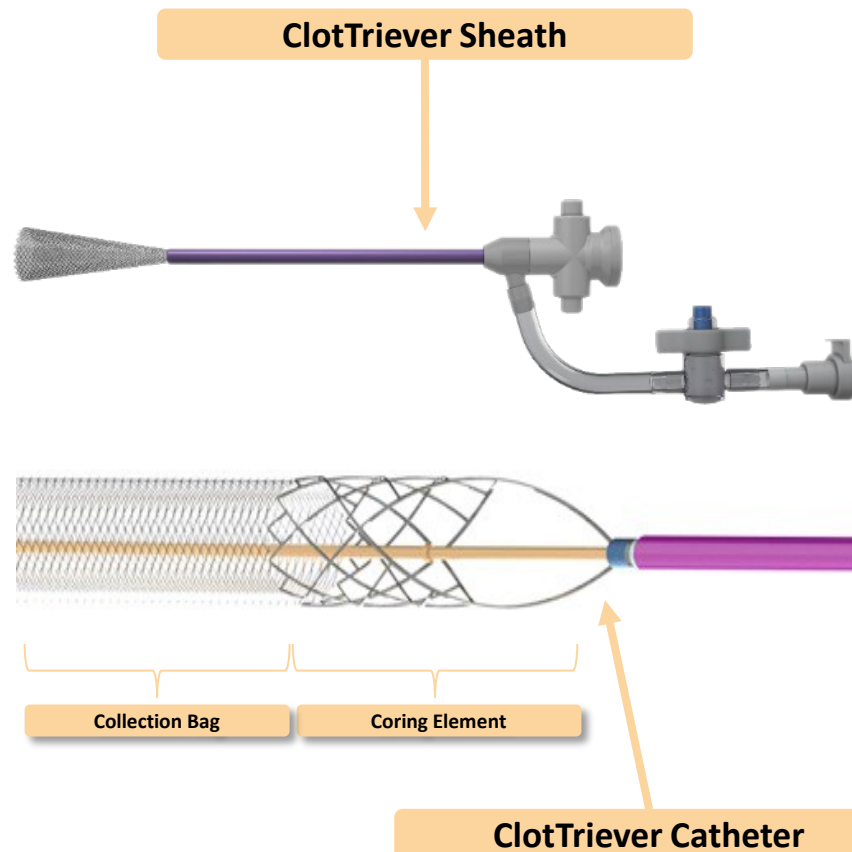
Product Overview

- ✓ Designed to core, capture and remove large clots from large vessels and is used to treat DVT
- ✓ FDA-cleared for the non-surgical removal of soft thrombi and emboli from the peripheral vasculature in February 2017 and is used in the treatment of DVT
- ✓ Consists of a sheath (15 cm) and catheter (74 cm)

Procedure Details

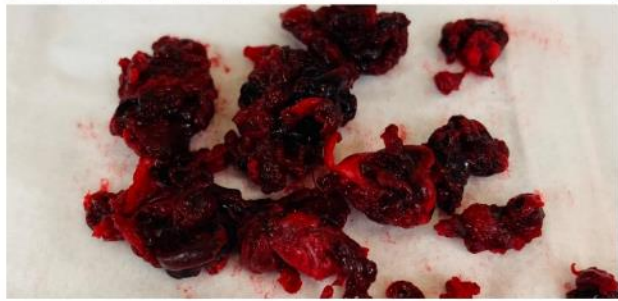
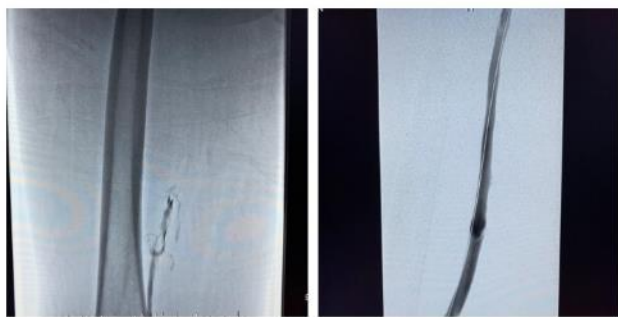
- ✓ Estimated device time: 30-45 minutes
- ✓ Complete or near complete removal of clot in 70% of patients⁽¹⁾
- ✓ Estimated blood loss: 40cc ⁽¹⁾

ClotTrieve System



ClotTriever Actual Case Examples: Designed For Consistent, Safe, Large Volume Clot Removal

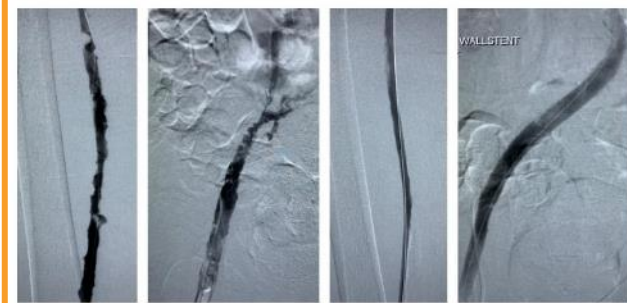
Case 1



Case 2



Case 3



FlowTrievers System Designed Specifically to Treat PE

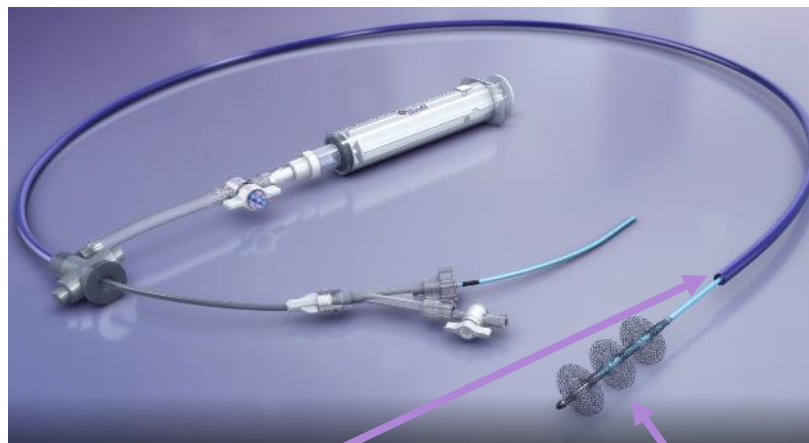
Product Overview

- ✓ A large bore catheter-based aspiration and mechanical thrombectomy system designed to remove large clots from large vessels to treat PE
- ✓ FDA-cleared for the non-surgical removal of thrombi and emboli from blood vessels in the peripheral vasculature in February 2015 and received clearance for labeling for the treatment of PE in May 2018
- ✓ Consists of an aspiration catheter (16, 20, 24 French sizes) and catheter (ranges from 6 to 25 mm)

Procedure Details

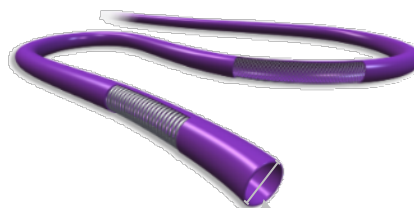
- ✓ Estimated procedure time: 75-90 minutes
- ✓ Estimated removal of target clot: 75%
- ✓ Estimated blood loss per procedure: 280cc
- ✓ Leverages per procedure pricing strategy to reduce variability and uncertainty

FlowTrievers System



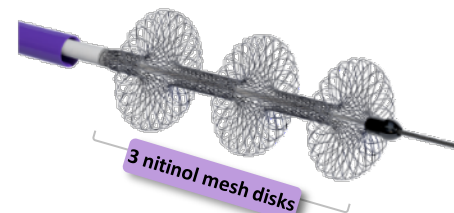
Trier Aspiration Catheter

FlowTrievers Catheter



Large lumen catheter

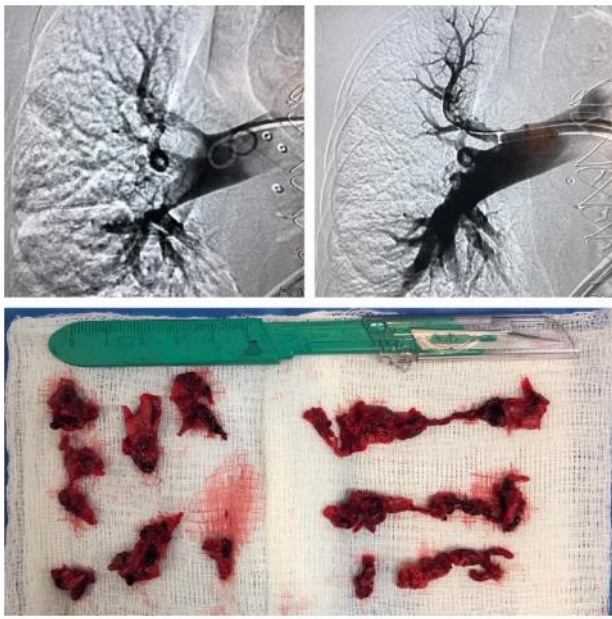
Available in 3 sizes
T16: 16 French lumen
T20: 20 French lumen
T24: 24 French lumen



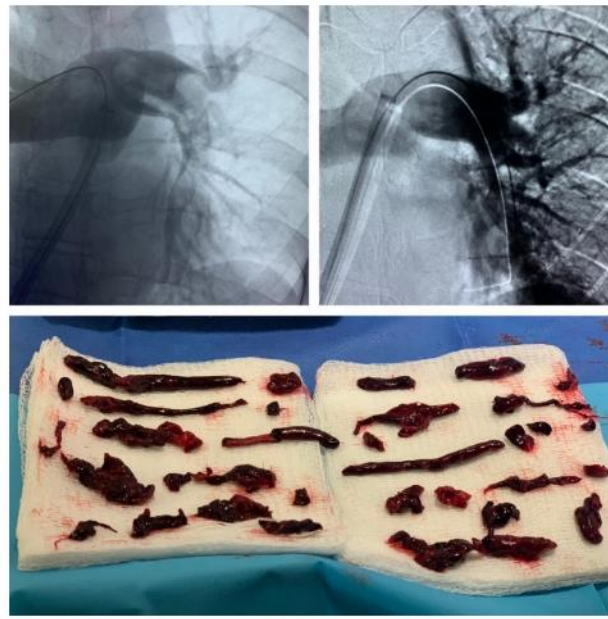
Available in 4 sizes
XL (19-25MM), L (15-18MM),
M (11-14MM), S (6-10MM)

FlowTrievers Actual Case Examples: Designed For Consistent, Safe, Large Volume Clot Removal

Case 1



Case 2



Case 3



Strong Results from FLARE IDE Study Served as Basis for FDA Indication for PE Thrombectomy

Study Details

- Prospective, single-arm, multicenter study
- 106 patients, 18 sites
- Follow-up at 48-hours & 30-days
- Enrollment Period: April 2016 to October 2017

Effectiveness and Safety Profile

Effectiveness

- 0.38 (25%) reduction in RV/LV ratio from 1.53 at baseline to 1.15 ($p < 0.0001$)
 - 48-hour post RV/LV measurement cohort ($n=101$)
- 2/106 patients given thrombolytics

Safety (48-hour Follow-up)

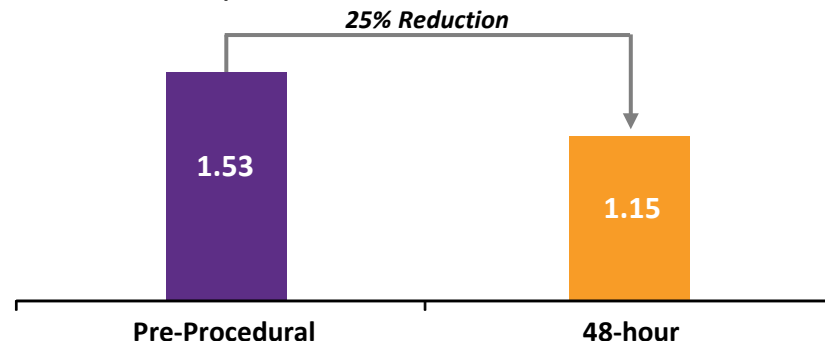
- 3.8% MAE (4/106)
 - 1 bleeding complication (0.9%), 3 treatment-related clinical deterioration (2.8%)
- No device-related major adverse events

Other Measures

- Average ICU stay 1.5 days
- Average total hospital stay of 4.1 days

Results

Reduction in RV/LV Ratio



Conclusions



FlowTrier thrombectomy, without the use of thrombolytics met the pre-established safety and effectiveness endpoints



The FlowTrier System has the potential to reduce bleeding complications, total hospital stay, and ICU stay



This study establishes mechanical thrombectomy for acute PE as a viable alternative to thrombolytic-based catheter-directed therapy investigation

Ongoing Clinical Registries: CLOUT and FLASH Designed to Drive Continued Adoption

Purpose

CLOUT Registry for ClotTrievers (DVT)

FLASH Registry for FlowTrievers (PE)

Investigator-Initiated Studies

Ongoing Clinical Work

- 500 patients to be enrolled
- 128 enrolled as of March 31, 2020
- Interim results included procedural outcomes and information from 105 patients and outcomes from 68 patients for which follow-up data was collected 30 days after treatment⁽¹⁾
 - 70% of patients met the study's primary effectiveness endpoint of complete or near complete removal of clot
 - 39 patients (64%) showed complete reversal of PTS within 30 days

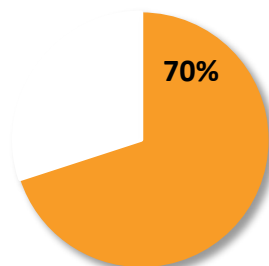
- 500 patients to be enrolled
- 186 enrolled as of March 31, 2020
- Target readout date: 2H 2020*
- Primary outcome measure: composite of patients that experience major adverse events, including device-related death and/or major bleeding, in the 48 hours after treatment using the FlowTrievers

- In addition to the FLASH and CLOUT registries, there are more than 10 ongoing investigator-initiated studies being conducted
- Goal is to generate a robust cadence of publications to help drive adoption of our products, increase awareness of venous diseases, and inform the design of future definitive clinical trials

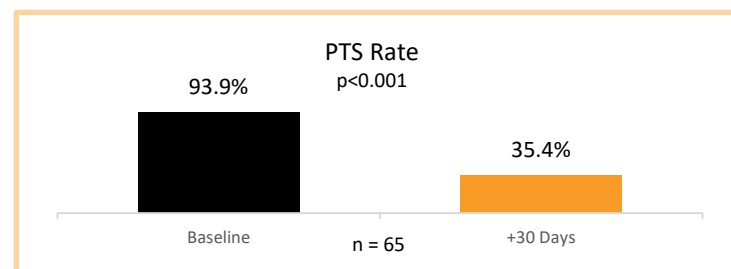
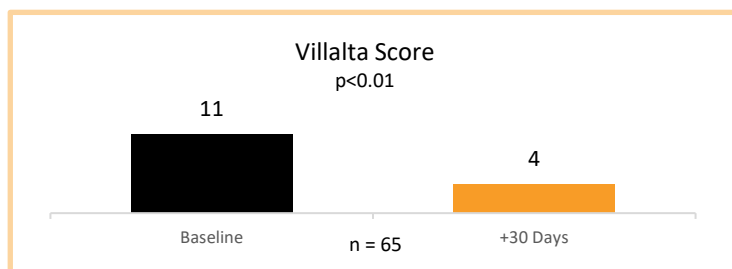
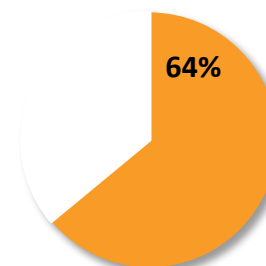
Interim Readout of CLOUT Registry's First 105 Patients at 2020 American Venous Forum

Interim Results ⁽¹⁾

Complete or Near Complete Clot Removal



Complete Reversal of PTS Within 30 Days



Key Procedural Information ⁽²⁾

66%

Presented with Clot Older than 2 Weeks

27%

Previously Treated for DVT⁽³⁾

99%

Treated in a Single Session

31 Mins

Median ClotTrievers Device Time

40cc

Median Estimated Blood Loss

2 Days

Median Hospital Stay

Source: Interim results from the first 105 patients in the CLOUT registry were presented at the American Venous Forum, or AVF, in March 2020.

(1) These interim results included procedural outcomes and information from these patients and outcomes from 65 patients for which follow-up data was collected 30 days after treatment.

(2) Represents median (interquartile range) or n (%).

(3) Three patients had advanced therapy and 24 patients had thrombolytic therapy for greater than or equal to one week.

Our Products Offer Benefits and Value to Our Hospital and Physician Customers

Established Coding and Payment

DVT

DRG: 270 – 272
\$16,281 – \$31,985

PE

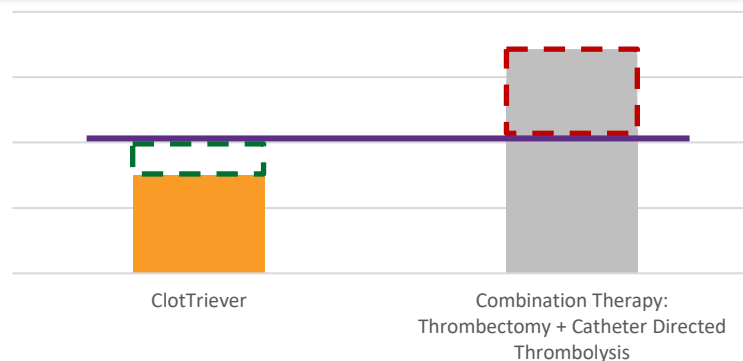
DRG: 163 – 165
\$11,574 – \$30,504

Inari's Products Offer the Potential for:

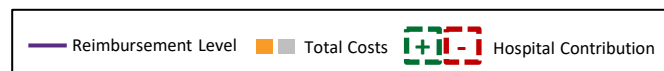
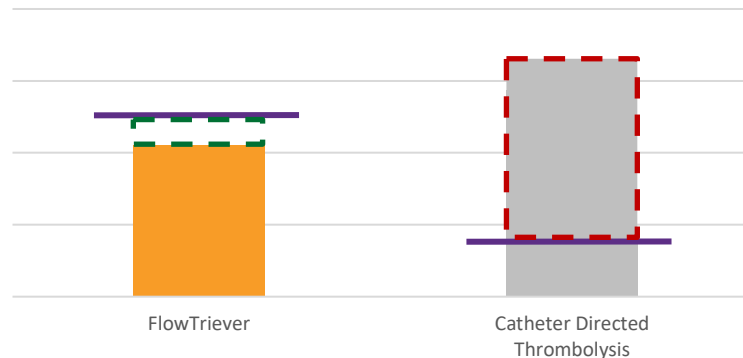
- ✓ Shorter, single-session treatments
- ✓ Elimination of thrombolytic drugs
- ✓ Reduction of ICU stays
- ✓ Shortening total hospital stay
- ✓ More efficiency in hospital and physician workflows

Illustrative Procedural Hospital Contributions⁽¹⁾

Total Cost / Reimbursement Comparison DVT Treatments



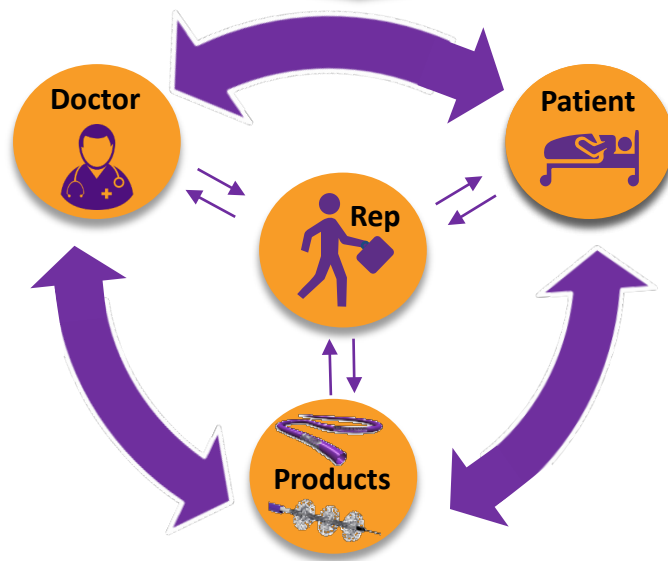
Total Cost / Reimbursement Comparison PE Treatments



Meaningful Investment in Our Commercial Organization

- Wide and deep
- Systems and processes to support rapid expansion
- High touch, effective interventional call points
- Refined and established hiring and training process designed to enable rapid sales rep productivity ramp and increased profitability

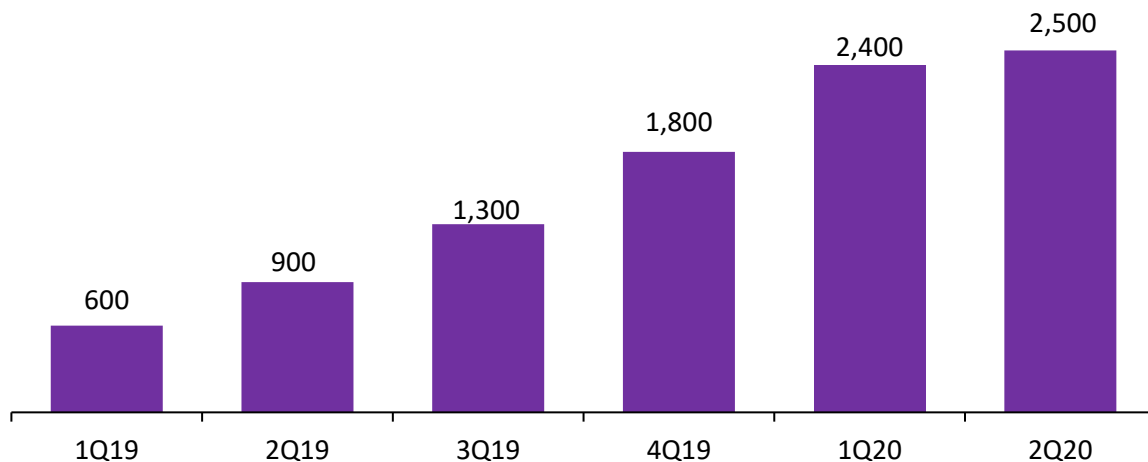
- Inari sales representatives are typically present in **>80% of all cases⁽¹⁾**
- **Rich information** is generated when **patient, physician, and product** come together
- **Field based information** is the primary input into **product development and clinical and commercial strategies**
- **No plans for a bifurcated sales model** e.g. clinical specialists
- Our goal is to be a **market-driven company**



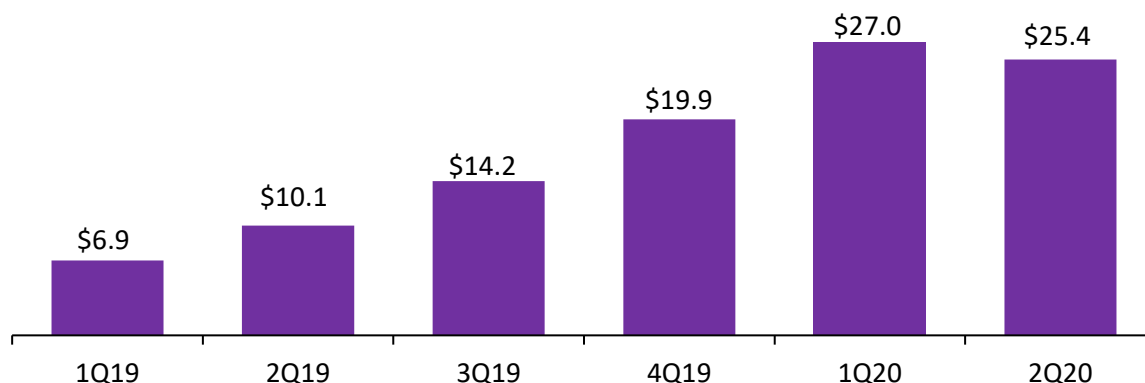
Financial Results

Despite COVID-19 Impact, Q2 Cases Exceed Q1 and Revenue Is Stabilizing

Total Cases by Quarter⁽¹⁾

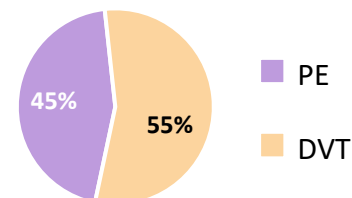


Quarterly Revenue (\$mm)⁽¹⁾

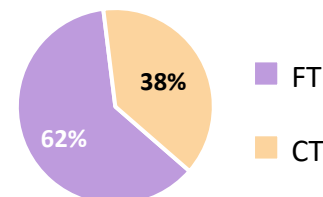


YTD 2020 Mix

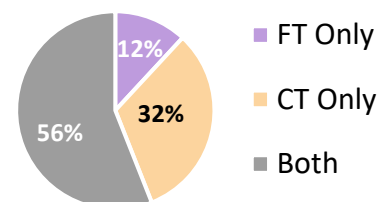
Cases



Revenue

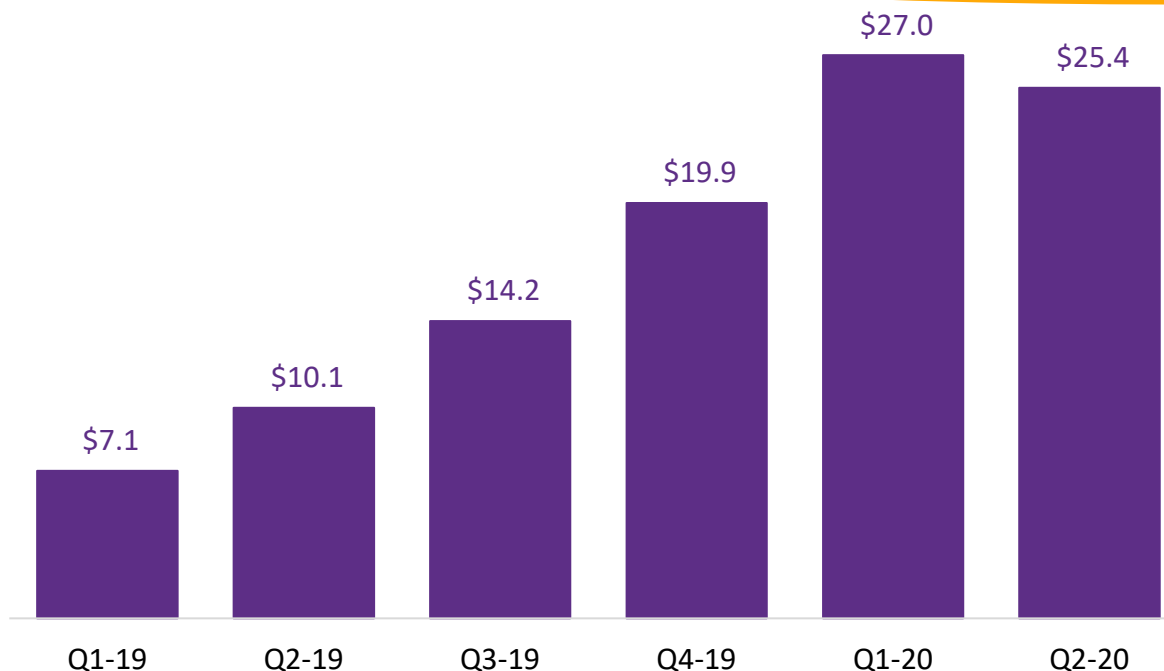


Active Accounts



Financial Performance Through Q2 2020

Revenues
(\$ in millions)



Balance Sheet
(6/30/20; \$ in millions)

Total Cash⁽¹⁾: \$195M

Total Debt⁽²⁾: \$30M

	Q1-19	Q2-19	Q3-19	Q4-19	Q1-20	Q2-20
Gross Profit	\$6.0	\$8.7	\$12.7	\$17.7	\$24.2	\$21.9
Gross Margin	86.6%	86.8%	89.4%	89.2%	90.0%	86.3%
Operating Income/(Loss)	(\$0.6)	(\$0.6)	\$0.9	\$1.2	\$4.8	(\$0.4)
Net Income/(Loss)	(\$0.9)	(\$1.0)	\$0.4	\$0.4	\$4.1	(\$3.8)

C19 Impact Was Significant, but Stabilized by Quarter End

- In March, we began to see the impact of the pandemic on our procedure volumes, and we saw further erosion in April
- Based upon a three-week rolling average, our procedure volume declined by nearly 40% from pre-COVID peak to the trough in April
- We saw a recovery in June that was higher than our pre-COVID peak
- In July, we saw continued sequential growth beyond June.

Second C19 Wave: Response is More Constructive

- **Hospital Response**
 - Some tightening of access and reduction in elective procedures
 - No nation-wide halt as was seen in March/April
- **Patient Response:** Far less fear, less impact on “demand” for services and procedures
- **COVID patient profile changing**
 - Skewing towards younger patients
 - Perhaps lower overall mortality rate
 - Hospitals less overwhelmed than in New York

Our Customers and Team Are Better Prepared to Manage C19 Impacts Going Forward

Clinical “Supply”



We have seen and continue to expect hospitals will prioritize procedures based upon:

- Acuity: Inari procedures can warrant clinical priority
- Safety and efficiency of care pathway: VTE thrombectomy has modest interventional “footprint” (no intubation, elimination of nearly all ICU stays, short LoS)
- Economics: Favorable procedural economics can help hospitals recover financially

Clinical “Demand”



- As acute phase passed, patient fears have subsided, and we believe patients will be more likely to seek care for high acuity conditions
- Potential “backlog” of deferred VTE patients can be treated: anticoagulation only often defers intervention
- COVID is risk factor for VTE

Commercial



- Further developed our leading position in VTE
- Adapted, expanded and improved sales training and customer engagement
- Enhanced our physician outreach and training

Summary

Growth Drivers Post IPO



Continuing to expand our U.S. sales force



Driving increased awareness and adoption of our products in existing and future hospital customers



Building upon our base of clinical evidence



Continuing to expand our portfolio of venous products

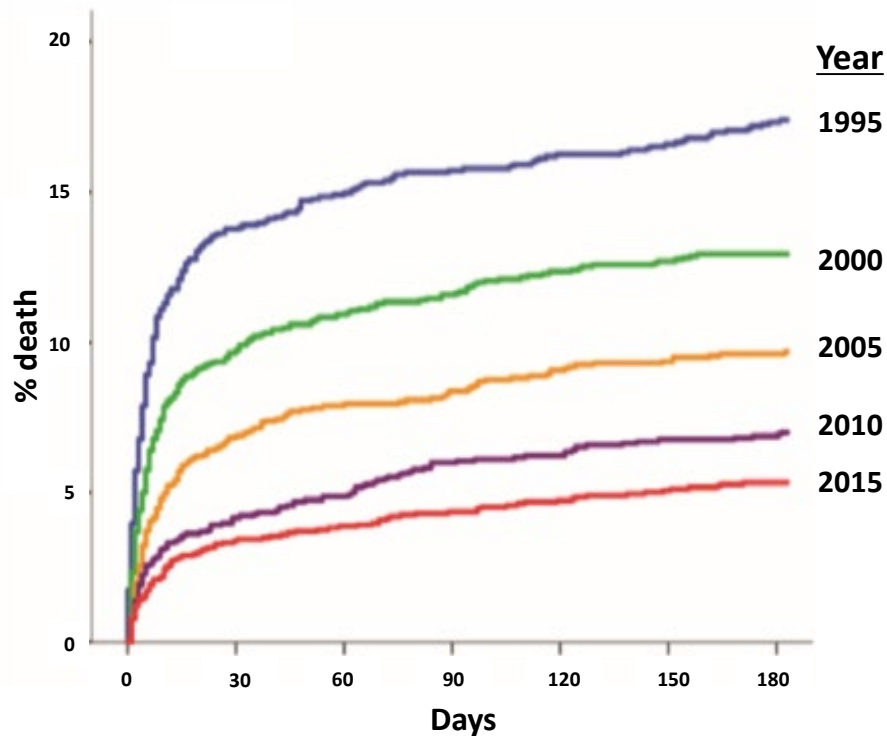


Pursuing strategically adjacent markets and international opportunities

Appendix

Mortality Trends in PE Underscore Opportunity to Change Standard of Care

STEMI



- Rapid decline in mortality since the broad adoption of PCI
- This was driven by improved technology, data and understanding of the underlying disease

Pulmonary Embolism

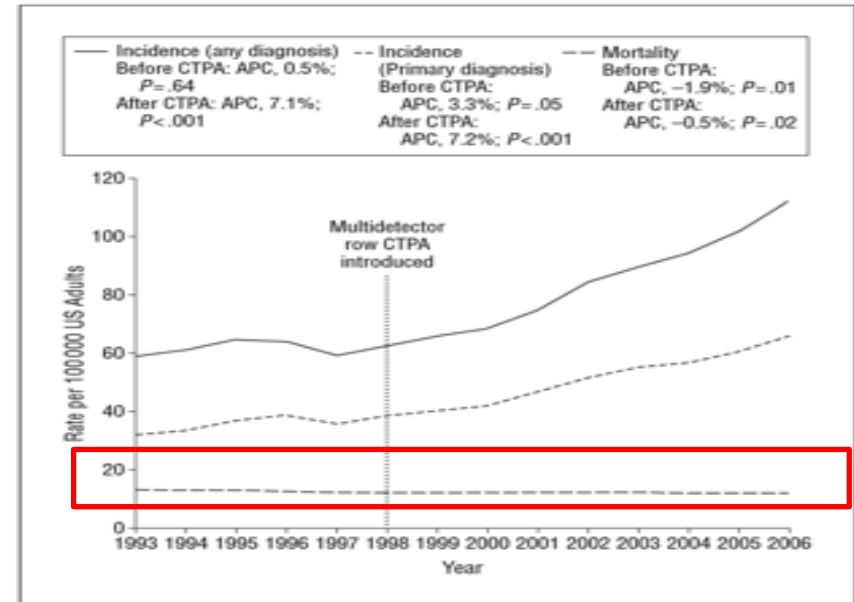
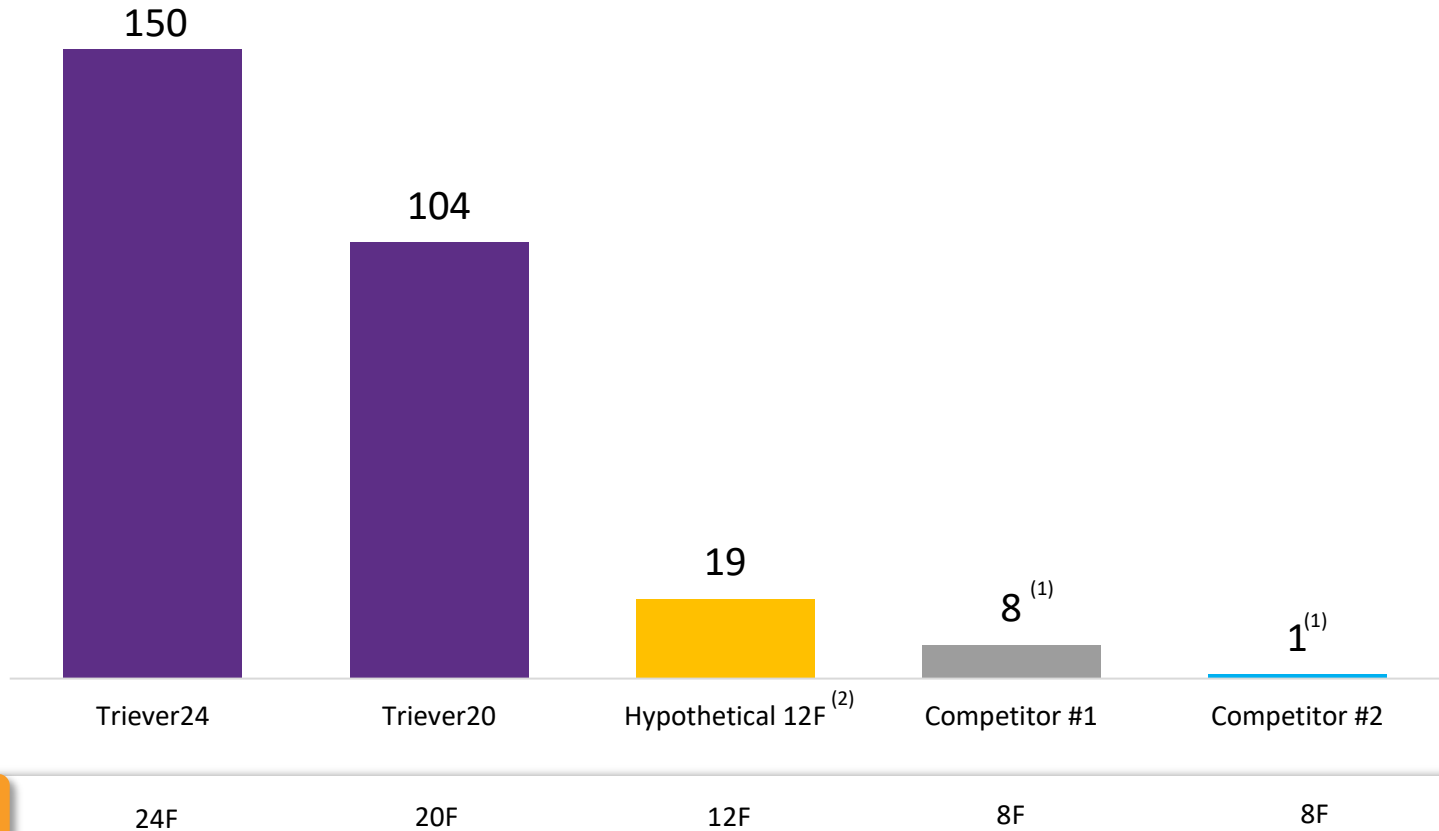


Figure 2. Incidence and mortality of pulmonary embolism in the United States, 1993-2006. APC indicates annual percentage change; and CTPA, computed tomographic pulmonary angiography.

- Rates of PE diagnosis are increasing due to prevalence of CTA
- However, this has not had an appreciable affect on mortality
- Improved technology, data and understanding of PE as a disease state may help drive reductions in mortality like seen with STEMI

Aspirational Flow Rate of Various Catheter Sizes

(mls per second)



Inari's larger lumen Trierer aspiration catheters can generate a higher rate of aspirational blood flow than small lumen catheters, as the wider catheter can carry more blood volume, at a lower resistance, than a narrower tube

Multiple Factors Will Drive Our Business Over the Long Term

First Mover Advantage

- Focused on extending our leadership position within VTE thrombectomy

Dedicated Sales Channel

- Experienced, large and quickly growing sales force with a “deep and wide” approach
- Only sales team focused exclusively on venous solutions

R&D Pipeline

- Rapid product iteration and development
- Focused on improved outcomes, further simplification and expanded applications

Clinical Data

- Two 500+ patient registries, over 10 investigator-initiated trials
- Anticipate registries will inform design of future definitive clinical trials

Large and Growing IP Portfolio

- 19 U.S. and 3 foreign patents issued
- 13 U.S. and 15 foreign patents currently pending – significant pipeline of additional filings

Trade Secrets

- Sophisticated catheter development, braiding expertise and manufacturing expertise

Multiple Drivers of Physician Adoption

- 1 Outcomes: procedural safety and effectiveness
- 2 Simplicity: intuitive, easy to use, single-session procedure, no capital equipment
- 3 Evidence: expanding base of clinical data
- 4 Economics: potentially significant benefits to providers
- 5 Clinical need: large unmet need created by suboptimal existing therapies
- 6 Tangible acute results: Clot! Clot! More Clot!!

Operational Excellence



Headquarters located in Irvine, CA



In 2019, relocated into larger 38,200 sq. ft. facility to accommodate demand, added adjacent 1,700 sq. ft in Q2-20

- ISO certified (next recertification 2021)
- Lease expiration on current facility in September 2024



278 employees⁽¹⁾



U.S. focused commercial organization



U.S. IP portfolio of 18 issued and 14 pending patents⁽¹⁾



OUS IP portfolio of 3 issued and 16 pending patents⁽¹⁾



Significant trade secrets focused on sophisticated catheter development, braiding expertise and manufacturing expertise



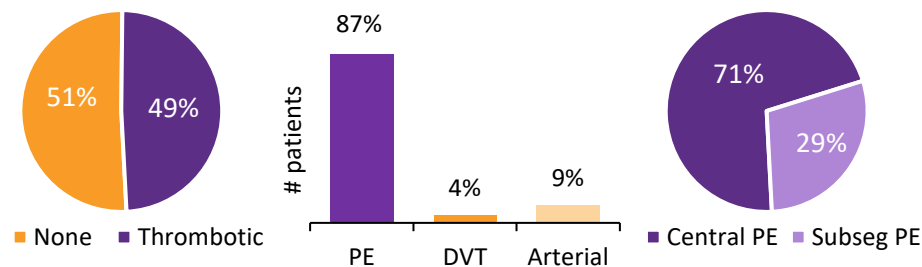
COVID-19 and VTE

Confirmation of the high cumulative incidence of thrombotic complications in critically ill ICU patients with COVID-19: An updated analysis

Study Overview⁽¹⁾

- 184 COVID-19 patients on standard doses of thromboprophylaxis in 3 Dutch ICUs were evaluated for incidence of thrombotic events (symptomatic acute PE, DVT, ischemic stroke, MI, or systemic arterial embolism)
- Patients with thrombotic complications were at higher risk of all-cause death (High risk 5.4; 95% CI 2.4-12)
- COVID-19 patients in the ICU have a **PE rate of 35.3%** (65/184) and an **overall VTE rate of 37.0%** (68/184) and thus should be aggressively monitored

Total Patients by Complication

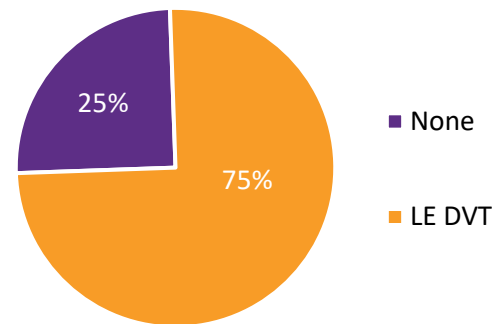


49% of patients had thrombotic complications, 87% of which were PE

Prevalence of venous thromboembolism in patients with severe novel coronavirus pneumonia

Study Overview⁽²⁾

- 81 COVID-19 patients hospitalized in Wuhan, China were evaluated for incidence of lower extremity VTE
- No preventative anticoagulation was administered
- COVID-19 patients have a **lower extremity DVT rate of 24.7%** (20/81) as measured on ultrasound
- D-dimer cutoff of 1.5 µg/mL was best DVT predictor



20/81 (25%) of COVID-19 patients had lower extremity DVT as identified on ultrasound

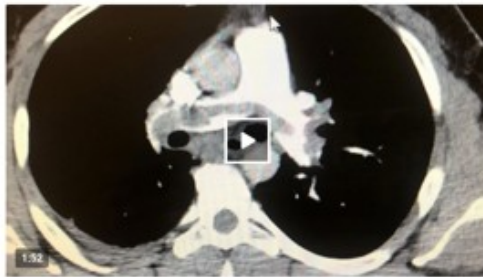
VTE Awareness Increasing

NEWS CORONAVIRUS HEALTH & SCIENCE

Why are so many COVID-19 patients also seeing blood clots?

Health experts have been confounded by this latest trend.

By Sasha Pezerik and Dr. L. Nedda Dastmalchi
April 20, 2020, 9:03 AM • 9 min read



High number of COVID-19 patients have blood clots

Broadway actor and Tony nominee Nick Condero had to have his leg amputated because of a complication with the virus, and remains hospitalized.

CORONAVIRUS

Doctors report uptick in surprising coronavirus complication: dangerous blood clots

Blood clots are not usually associated with respiratory viruses.



Blood samples taken from patients with COVID-19 symptoms in Berlin on March 27, 2020. Sean Gallup / Getty Images

Mysterious blood clots in COVID-19 patients have doctors alarmed

By Rachael Rettner - Senior Writer 3 days ago

Some hospitals are putting all COVID-19 patients on low doses of blood thinners.

Facebook Twitter LinkedIn YouTube Instagram Comments (4)

(Image: © Shutterstock)

As doctors learn more about what makes COVID-19 so severe for some patients, they have discovered a mysterious and potentially lethal complication of the disease: blood clots.

Many doctors have reported seeing an alarming number of COVID-19 patients with blood clots — gel-like clumps in the blood that can cause serious problems, such as heart attack and [stroke](#), according to news reports.

WebMD

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Tell us where it hurts.

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WebMD Symptom Checker

Lung Disease & Respiratory Health > Coronavirus > News >

WEBMD HEALTH NEWS

Blood Clots Are Another Dangerous COVID-19 Mystery

By Brenda Goodman, MA



5 young New Yorkers with mild COVID-19 cases were recently hospitalized with strokes. Doctors say the coronavirus can cause blood clots.

Aylin Woodward Apr 24, 2020, 6:55 AM



ScienceDaily

Your source for the latest research news

Science News

from research organizations

New research highlights blood clot dangers of COVID-19

Date: April 23, 2020

Source: Radiological Society of North America

Summary: A special report published today in the journal *Radiology* outlines prevention, diagnosis and treatment of complications stemming from blood clots in patients with COVID-19. The journal also published two research letters and a case study on this topic.

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