

‘A Clot making virus’: A case report of PE in a young female with covid-19

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Coronavirus disease is a global pandemic which has emerged from china. It usually presents with respiratory symptoms, like flu and fever but it can also have many atypical presentations. Here we present a case of 27-years old girl who was diagnosed as having COVID-19 disease and was having mild disease which was advised a treatment. She again reported back to hospital after two weeks of diagnosis with severe shortness of breath and was diagnosed as having pulmonary embolism.

Introduction: COVID-19 is a disease caused by novel coronavirus, a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 virus). It was first reported in Wuhan city of china 1 and now the whole world is facing it is fearful disease as global pandemic. It has a rapid transmission usually by respiratory route. Patients affected by this virus usually has mild symptoms which are mostly respiratory in origin such as flu, cough, shortness of breath, diarrhea, and abdominal pain but this virus is emerging with very atypical presentations.

Infection with this novel coronavirus is a procoagulant state and so patients can present with heart attack, stroke, or pulmonary embolism. There are many cases till now which showed that patients with COVID-19 disease also has associated pulmonary embolism. It has shown in study of Gian Battista that COVID-19 patients can have thrombo-embolism without underlying risk factors. Patients having this disease usually have severe pneumonia which also presents with cough, fever, and shortness of breath and so it is very difficult to differentiate between COVID-19 pneumonia and its complications like pulmonary embolism. Here we present a case of young girl of COVID-19 disease who had associated pulmonary embolism.

Case report: A 27-year-old female came with complaint of severe left sided chest pain for 1 week and shortness of breath for 4 days, pain was pleuritic in nature. It was sharp and increased on deep breaths and relieved with rest. She was previously tested for coronavirus and that came out to be positive. She was a nursing home worker and developed fever and dry cough for which she was tested for covid. The lady had no previous premorbid conditions and she was not on any medications apart from need based pain killers. She had tachycardia on examination and normal cardiovascular and chest examination including the other observations.

The ECG showed sinus tachycardia and chest X-ray was normal as well. The lab work was normal including the troponins and D-Dimers were mildly raised to more than 600ng/mL and a computerized tomography pulmonary angiography was advised which showed segmental pulmonary embolism involving the posterior basal segment of the left lower lobe with associated area of opacity depicting the pulmonary hemorrhage/infarction. The patient was already put on treatment dose enoxaparin subcutaneously and then later shifted onto Direct acting oral anticoagulant i.e. apixaban and a follow-up was arranged in anticoagulation clinic for further management and surveillance.

Discussion: COVID-19 disease usually presents in mild form with cough and flu from which patients usually recover and have their normal health. In a meanwhile, it can be a deadly disease with sepsis and respiratory distress with septic shock and can lead to many complications. Although information about disease spectrum and presentations of COVID-19 disease is emerging with time but it usually presents with flu, fever, cough, shortness of breath, diarrhea, and abdominal pain.