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Commentary

Impacts of Post COVID-19 on Older Adults

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COMMENTARY

The continuing COVID-19 pandemic has demonstrated the multi-systemic impact of viral infections in great detail. Ample research supports the possibility of neurological consequences as one of the hazards posed by the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2). Aside from neurovascular illnesses, a rising number of studies concern neuro-inflammatory disorders as a result of COVID-19. Throughout the COVID-19 pandemic, Guillain-Barré syndrome, cytotoxic lesion of the corpus callosum, Acute Disseminated Encephalomyelitis (ADEM), and its variation Acute Necrotizing Hemorrhagic Leukoencephalitis (ANHLE) have all been recorded. ADEM is an autoimmune demyelinating illness of the Central Nervous System (CNS) that primarily affects children but can also affect adults. It usually has an abrupt, monophasic course with multifocal neurological indications and symptoms. In children, encephalopathy is a needed characteristic for ADEM diagnosis.

SARS-CoV-2 (severe acute respiratory syndrome coronavirus) was discovered as the etiological factor in pneumonia cases that began in Wuhan, Hubei Province, China, in December 2019. Coronavirus Disease-19 (COVID-19) affects people of all ages. Those with comorbidities such as asthma, diabetes, hypertension, cancer, cardiovascular abnormalities, elderly persons, and the immunocompromised are more severely affected. Elderly people usually require Intensive Care Unit (ICU) care and have a higher mortality rate. Furthermore, COVID-19 survivors experience long-term COVID symptoms such as fatigue, muscle weakness, difficulty sleeping, anxiety, sadness, and post-ICU syndrome. There is a scarcity of evidence on complete recovery to premorbid state in COVID pneumonia patients over the age of 65 with several comorbidities. We present a case of a 74-year-old female with severe COVID-19 who was effectively managed and recovered entirely despite numerous hurdles encountered during management.

During the coronavirus disease 2019 (COVID-19) pandemic, the phenomenon of Multisystem Inflammatory Syndrome in children (MIS-C) developed. Children with MIS-C have either a current or recent COVID-19 infection or have recently been exposed to the disease. Fever or chills, tachycardia, gastrointestinal symptoms, rash, conjunctival injection, and mucosal alterations have been reported, with a relative lack of serious respiratory disease. A significant number of these patients develop shock and cardiac failure, necessitating intensive care unit care. In children with MIS-C, laboratory results demonstrate significant inflammation. A few examples of multisystem inflammatory syndrome in adults (MIS-A) in older patients have been surfaced. A 25-year-old man with a protracted fever, conjunctivitis, increased inflammatory markers, and recent COVID-19 infection is described in this case. Despite the fact that this patient did not exhibit hemodynamic instability typical with MIS-A, this case is most likely a form of post–COVID-19 inflammatory disorders.

Despite the fact that SARS-CoV-2 primarily affects the respiratory system, various research and interim reports suggest that COVID-19 is a multisystem infection with both obvious and subtle health repercussions. Data on how long symptoms last, the influence of such symptoms on daily living, and the short, intermediate, and long-term consequences of this infection are lacking. The majority of original data papers focus on hospitalised patients, persons suffering from severe illness, or older patients with co-morbidities. There have been few studies that have followed up on young persons who have tested positive for SARS-CoV-2 and have experienced mild disease or have been asymptomatic while testing positive. Such data are especially relevant in forecasting the future burden of COVID-19 sequelae on healthcare systems, as well as in the context of "fitness to work" of young population groups, as young adults make up a sizable fraction of any country's workforce.

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