Abstract

Health Science Journal
ISSN 1791-809X

2022
Vol.16 No.P44

Covid-19 and SARS CoV2. We learn that there's still so much more to learn

Sacco M, Carafa M, Carelli C, Di Sisto A, Pagliuca L, Rocco M, Di Palo M*

Internal Medicine Emergency Department (DEA), Cardarelli Hospital, Naples, Italy

Background: Current COVID-19 pandemic exposes health staff to a new and potentially fatal disease.

Case History: Male, 36yo, entered ER referring worsening asthenia, feeling non-specifically unwell for 7 days, recent history of SARS-CoV-2 infection with interstitial pneumonia requiring hospitalization two weeks prior admission. Blood tests showed severe anemia (Hb 4gr/dl), mild hyperbilirubinemia, markedly raised LDH, positive direct/indirect Coombs' reaction. Autoimmune haemolytic anemia was suspected because of symptomatic anaemia, evidence of on-going haemolysis on blood tests, history of a viral infection. Chest XRay and CT pulmonary angiogram were negative for features suggestive of Covid-19 but highlighted lower right lobar pneumonia. Nasopharyngeal molecular swab was negative, while antibody test showed high titer G Immunoglobulin, confirming recent infection. He was initially treated with high doses steroids (1 gr/Kg bw) as well as antibiotics for pneumonia; but, due to lack of efficacy, on the fourth day we started ev immunoglobulin, obtaining gradual improvement in Hb towards baseline and tests normalization

Discussion: SARS-CoV2 infection frequently meets complications; although the pathophysiology underlying COVID-19 remains poorly understood, evidence argues for hyper inflammatory syndrome and/or various autoimmune disorders, which may appear after pneumonia recovery, highlighting need of medium and long-term follow up, to identify possible presentations of COVID-19 complications.

References

1. Jawed M (2020) BMJ Haemolytic anaemia: a consequence of COVID-19. 13:e238118.
2. COVID-19 (2021) associated with severe autoimmune hemolytic anemia. 61:635.640.