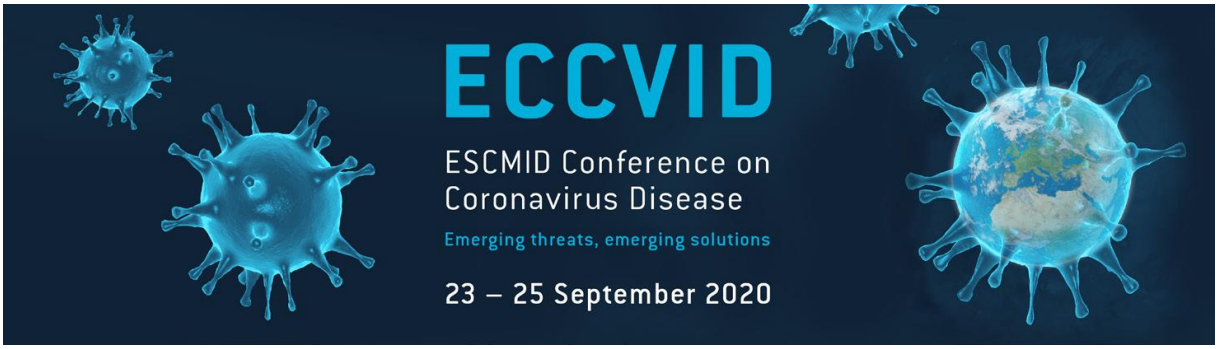

Case report

00846 PULMONARY THROMOBOEMBOLISM COMPLICATING ASYMPTOMATIC COVID-19

P Grossi [1]
(Italie)

Background We report the case of a 52 years-old male without any relevant clinical history despite obesity. At the end of March 2020 the patient arrived at the emergency department of our hospital because of of a three days history of high fever (38.9°C). The patient was otherwise in good general clinical conditions, without any abnormality at physical examination. The chest X-ray was normal. Naso-pharyngeal swab for SARS-CoV-2 was positive; CRP 6.3 mg/L, LDH 226 U/L, AST/ALT 42/62 U/L, D-dimer 632 ug/L, Hb 16.8g/dL, WBCs 5750/cmm, PLTs 147000/cmm.

Case report The patient was discharged home the same day with mandatory home quarantine and prescription of antipytetics.Fourteen-days later, the patient come back to the emergency department complainig shortness of breath, chest pain and sweating. On exam the murmur was diminished on both lungs.Chest X-ray showed right basal paracardiofrenic infarction, omolateral elevated hemidiaphragm, increased longitudinal diameter of the heart; CT pulmonary angiography: left lower lobe artery intraluminal filling defects, interlobar artery important intraluminal filling defects, millimetric intraluminal filling defects in right middle lobe. Bilateral small ground glass areas, interstitial involment. CPR 30.4 mg/L, LDH 307U/L, AST/ALT 41/141 U/L, D-dimer >9000 ug/L, Hb 16.7g/dL, WBCs 19940/cmm, PLTs 320000. The patient was diagnosed Pulmonary Embolism in COVID-19 Pneumonia.The patient was admitted to the ICU where was placed on non-invasive ventilation helmet C-PAP and anticoagulant therapy with rivaroxaban 15 mg q12h.After four-days, because of clinical improvement the patient was discharged from the ICU and transferred to the Infectious and Tropical Diseases Unit, where was treated with Tocilizumab 800 mg i.v (two administrations at 12 hours interval), Piperacillin/tazobactam 4.5gr q6h and dexamethasone 8mg/day for ten-days. The patient remained afebrile for the entire hospital admission with progressive weaning from oxygen therapy. The patient was eventually discharged home after 26-days of hospitalization in good clinical conditions with normalization of chest CT, inflammatory markers and two negative coronavirus swabs for SARS-CoV-2.
Learning points Venous thromboembolism, mostly pulmonary embolism (PE), is very common in patients with COVID-19, seen in up to 1/3 of patients in the intensive care unit (ICU), even when prophylactic anticoagulation is performed. Thrombotic events have been observed in COVID-19 patients who were not admitted to the hospital, but data on the incidence are not available. Some experts would suggest a more aggressive thromboprophylaxis dosing of anticoagulants or even empiric therapeutic-dose anticoagulation for VTE prevention. Some of these studies noted a higher than average body mass index in affected individuals, suggesting that obesity, along with other risk factors, may warrant consideration in decision-making regarding the intensity of anticoagulation.

Conclusions -