Clinical Case

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Pulmonary Mediciene

Tishreen University Hospital

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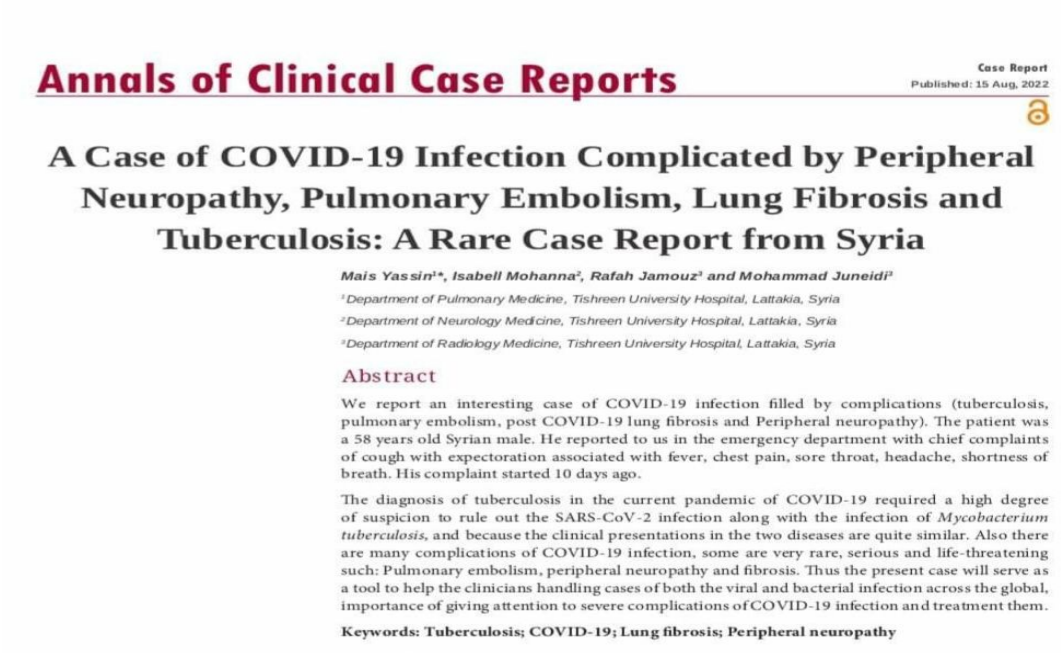

Annals of Clinical Case Reports

Case Report
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A Case of COVID-19 Infection Complicated by Peripheral Neuropathy, Pulmonary Embolism, Lung Fibrosis and Tuberculosis: A Rare Case Report from Syria

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Abstract

We report an interesting case of COVID-19 infection filled by complications (tuberculosis, pulmonary embolism, post COVID-19 lung fibrosis and Peripheral neuropathy). The patient was a 58 years old Syrian male. He reported to us in the emergency department with chief complaints of cough with expectoration associated with fever, chest pain, sore throat, headache, shortness of breath. His complaint started 10 days ago.

The diagnosis of tuberculosis in the current pandemic of COVID-19 required a high degree of suspicion to rule out the SARS-CoV-2 infection along with the infection of *Mycobacterium tuberculosis*, and because the clinical presentations in the two diseases are quite similar. Also there are many complications of COVID-19 infection, some are very rare, serious and life-threatening such: Pulmonary embolism, peripheral neuropathy and fibrosis. Thus the present case will serve as a tool to help the clinicians handling cases of both the viral and bacterial infection across the global, importance of giving attention to severe complications of COVID-19 infection and treatment them.

Keywords: Tuberculosis; COVID-19; Lung fibrosis; Peripheral neuropathy

)ur patient is 58 years old, Syrian, male .

.ctive smoker (20 packet\year) .

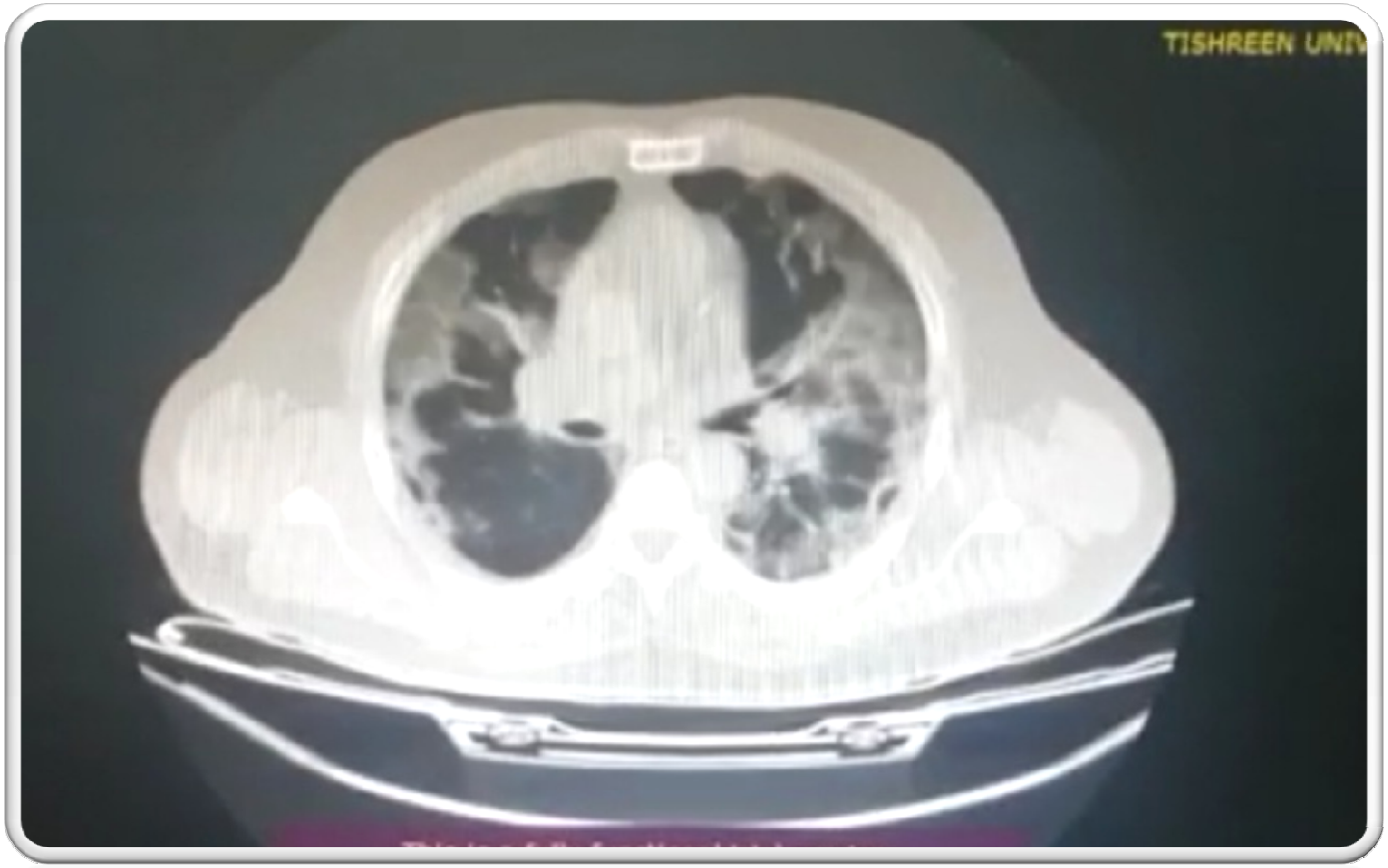
lo remarkable medical surgical or drug history.

lo traveling history, No history of alcohol consumption.

le has **hospitalized for one week with covid-19** from 3 weeks ago .

le treated with corticosteroid , oxygen and blood thinners and discharge

after improvement with no oxygen therapy.



Ct scan on 11 November 2020 showed bilateral areas of interstitial densities , ground –glass opacities with mainly a peripheral and lower lobes distributation

- He complains of **lower limbs weakness** one week ago with
- Suddenly developed **chest pain and dyspnea** From 24hours.

linical presentation

Responsive , conscious .

Shortness of breath , Tachypnea , with a respiratory rate of 28breaths \min, oxygen saturation (SPO2)on air room 84%.

Heart rate : 115 beats per minute .

Blood pressure: 11\7mmHg .

Temperature: 37,5

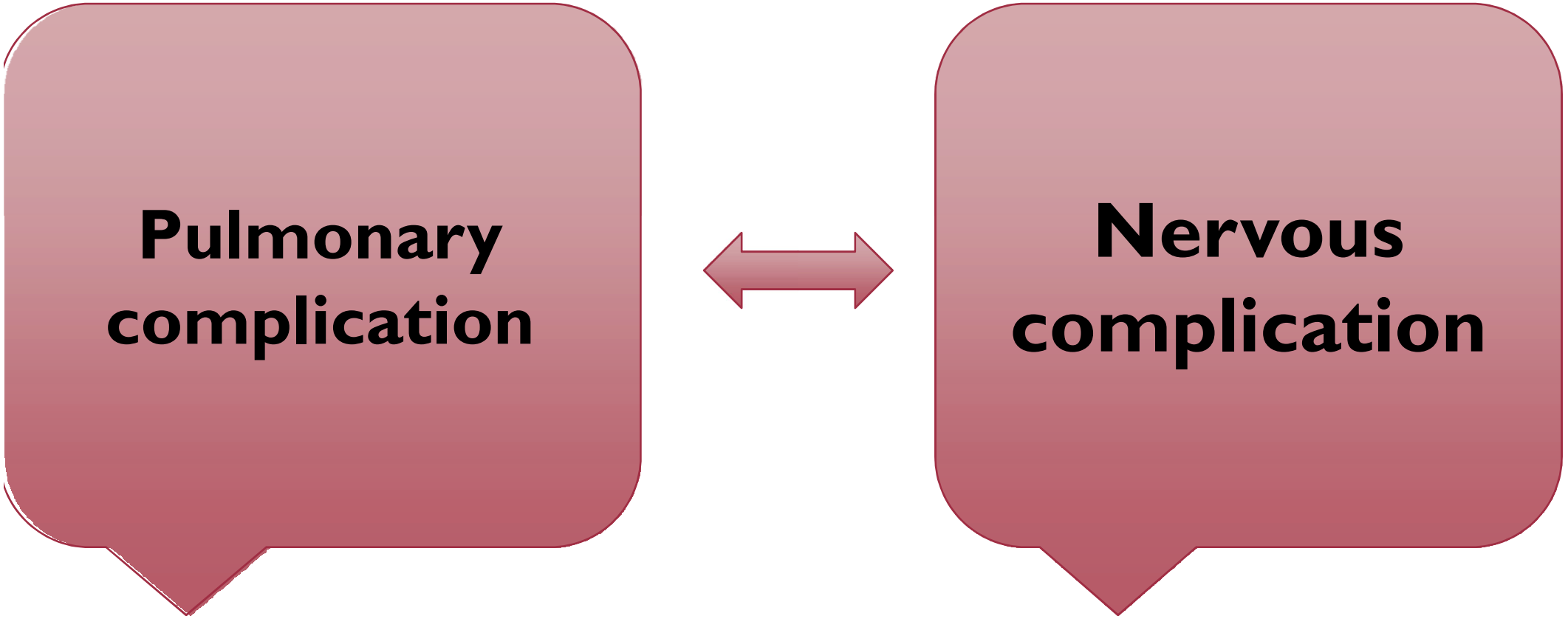
Auscultation : crackles in the lower sections .

Laborations

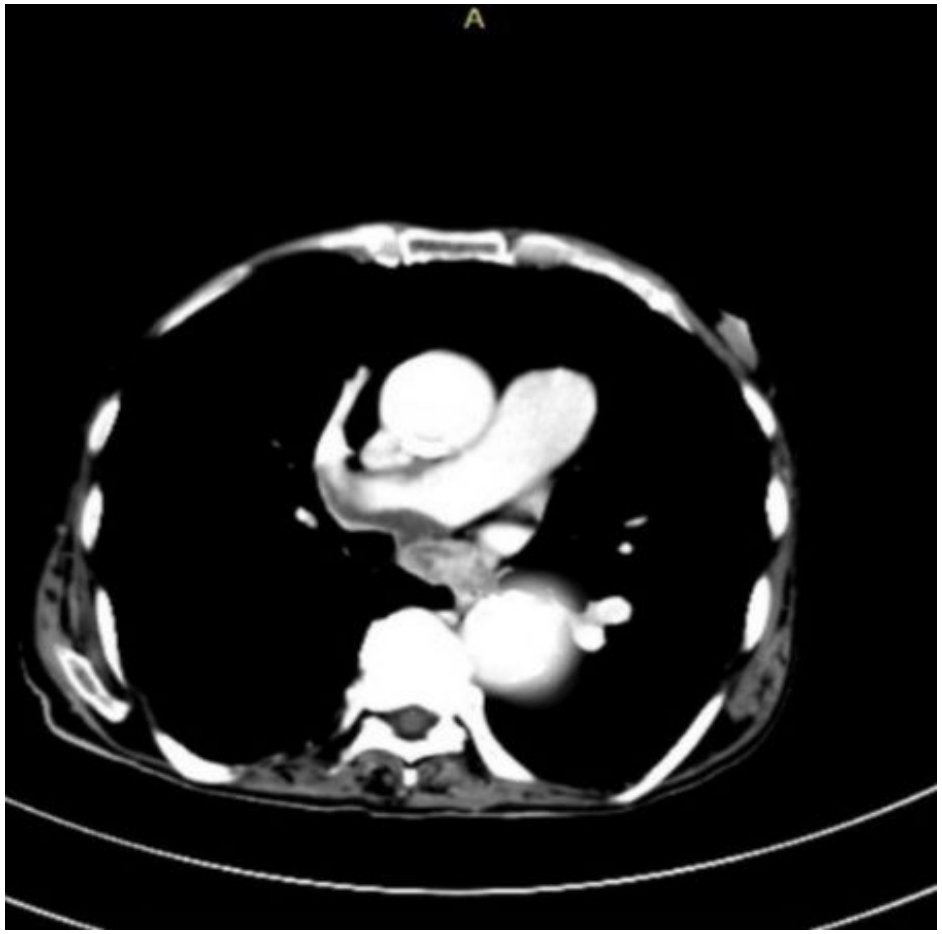
white blood cells (WBC)	(11,6x 10^3) Gra:70%
RBC	3,19x10^6 /uL
HGB	13,5 g\dl
PLT	220 x10^3/uL
Elevated CRP	(68 mg\l)
Ddimer	3100 mg\l
LDH	600 U\L
PT, INR	90% -14,3sec - 1,13
CREATININE	0,8

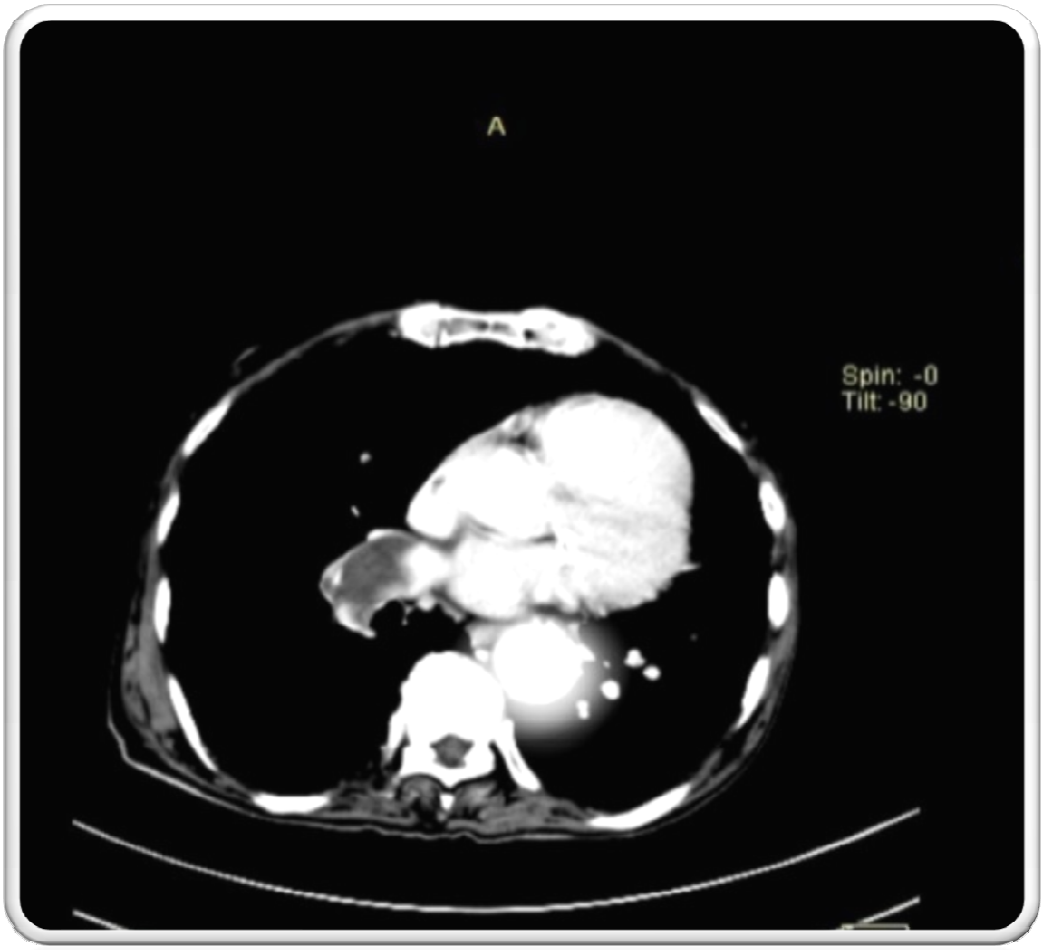
ABG: PH : 7,45 PCO2 : 33mmHg PO2 : 58mmHg

Acute Respiratory Failure with Lower Limbs Weakness


Pulmonary complication
Nervous complication

We completed **CT pulmonary angiogram** and asked for a **neurological consultation**





CT pulmonary angiogram showed right main pulmonary artery embolism and right lower pulmonary artery embolism

The neurological consultation showed :

- The patient was completely oriented with lower limbs weakness.
- The numerological examination showed :
  - Absent of tendon reflexes without sensory abnormality .
- Nerve conduction study: axonal neuropathy .
- Cerebrospinal fluid (CSF) was normal.
- CT scan of the brain was normal .
- Neurologist ruled out Guillian –Barres syndrome and suggested ***multiple peripheral neuropathy .***

ve quickly started treatment with anticoagulants , vitamin b12 , Alpha lipoic
d and physiotherapy for 3 months .

After 3 days of treatment , we noticed significant clinical improvement (spo2
, absence of chest pain , improvement weakness, and improvement shortness of
ıth).

boratory tests improvement: decreased in D-Dimer level

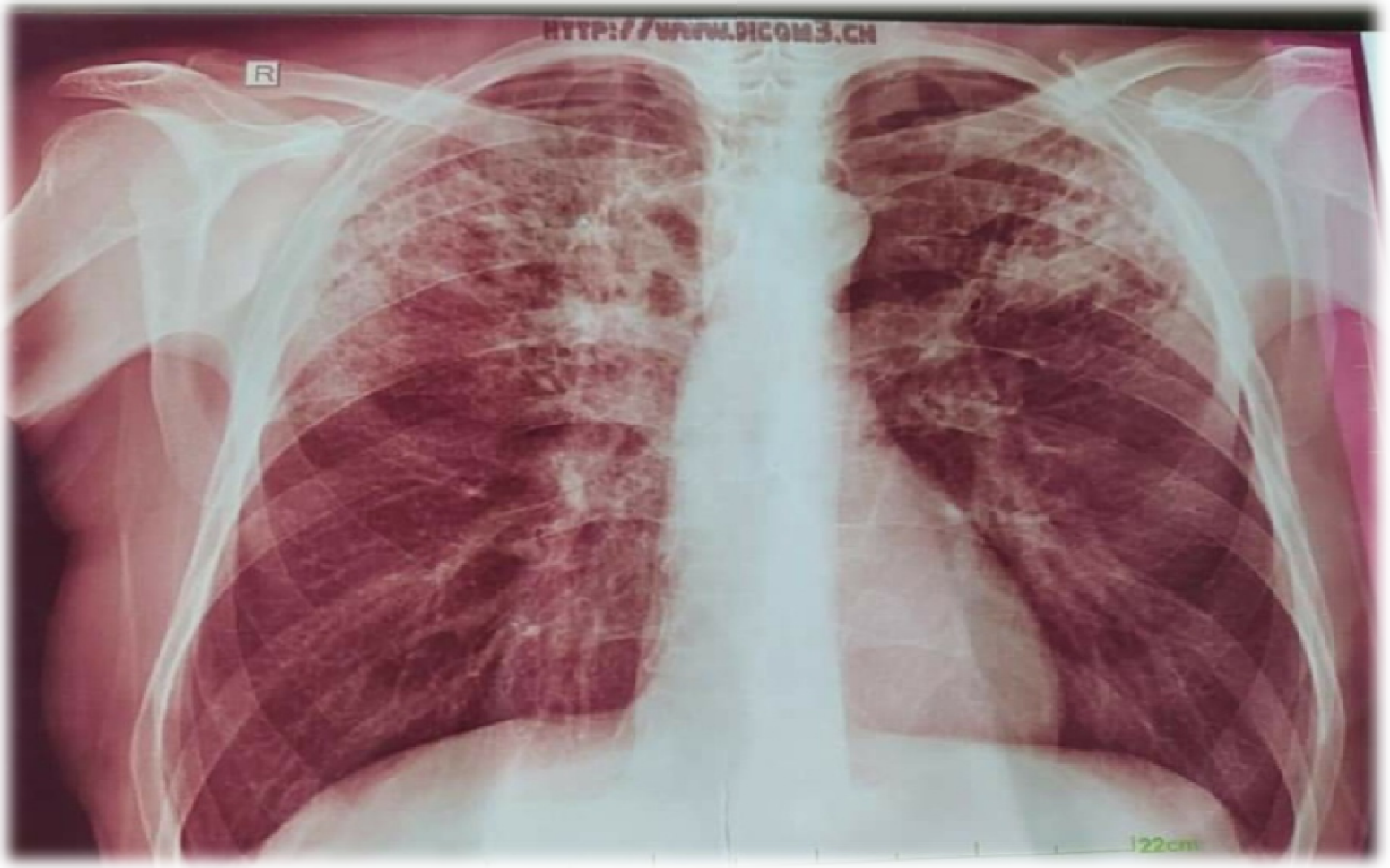
he patient has been discharged in excellent condition with normal SPO2 .
ontinues physiotherapy , vitamin b12 , anticoagulants and Alpha lipoic Acid.

After three weeks of the discharge(after 7 weeks of corona virus start) , the ent started to suffer from **increased of shortness of breath on exertion** , coug **noptysis** , fatigue , loss of weight and **fever**

Clinical examenation

eart rate 95 beats per minute
lood pressure 12\7mmHg
PO2)on air room 95%
emperature 38,5
uscultation: **crackles in the lower sections**

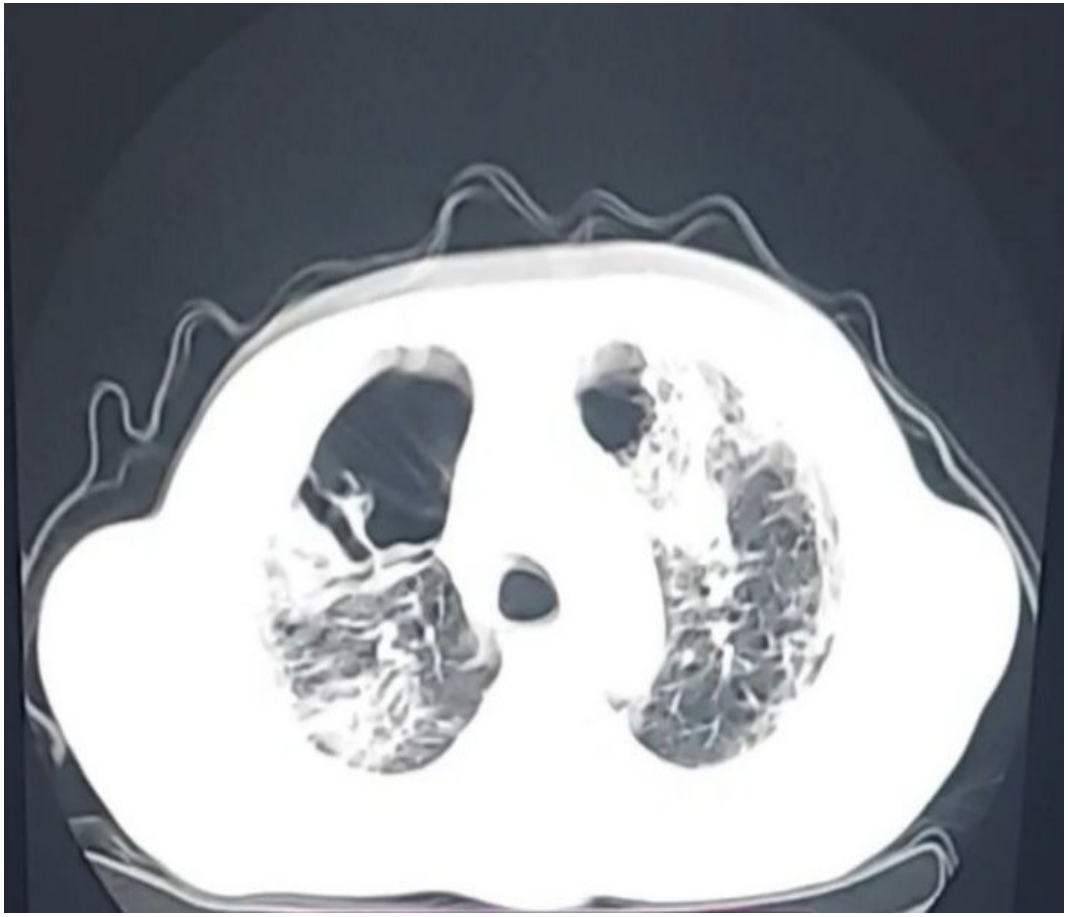
CXR : bilateral areas of parenchymal and interstitial densities in the upper ds.

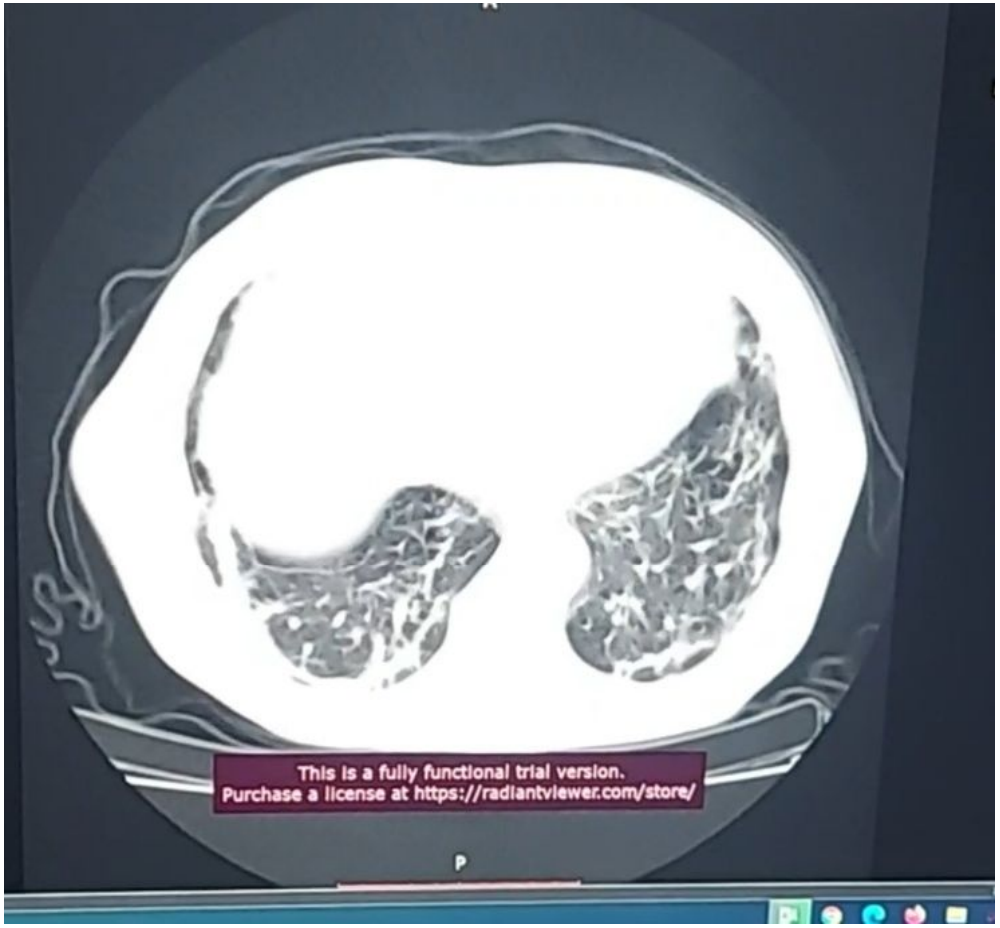


Bilateral areas of parenchymal and interstitial densities predominantly in the upper fields

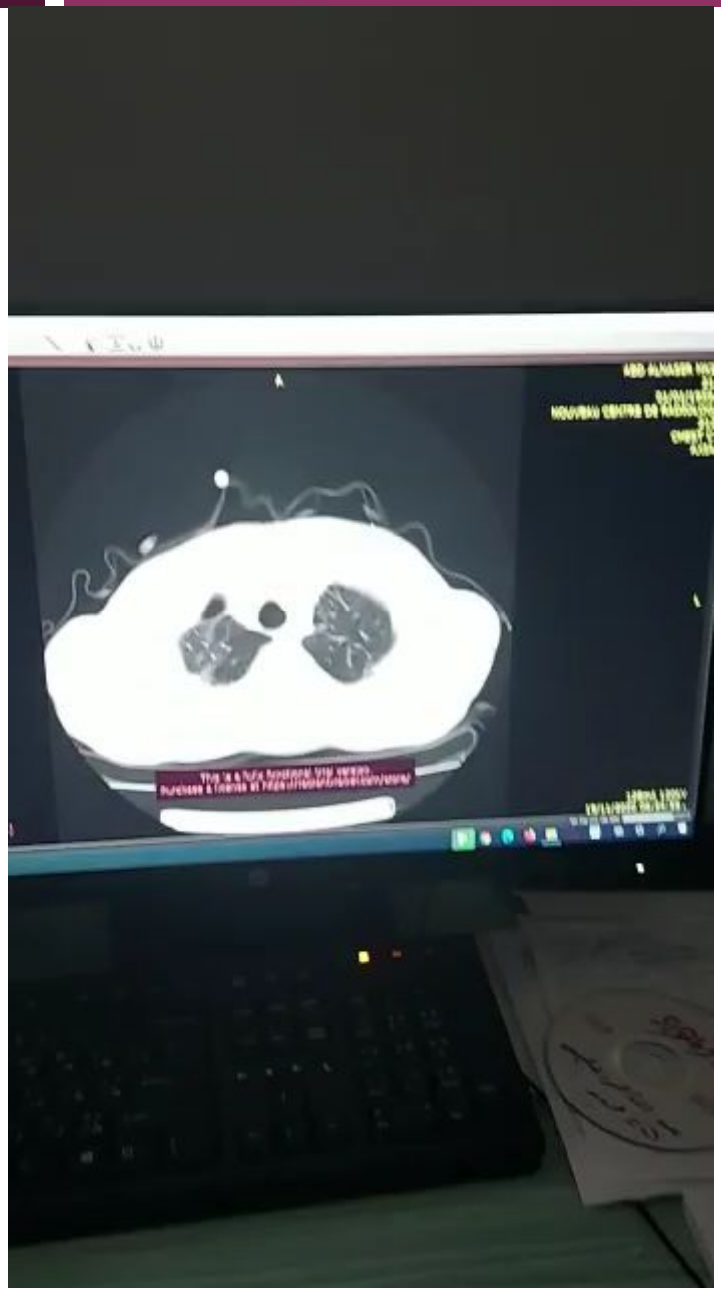
Laborations

WBC	**(8,4 x 10^3)**
RBC	**(4,30 x10^6 /uL)**
HGB	**10,1 g\dl**
MCV	**92,8 fL**
ESR	**95 mlm\hour**
CRP	**44 mg\l**
Ferritin	**530 µ\l**
Creatinine	**0,8mg\dl**





scan : bilateral parenchymal bands and fibrotic consolidation in the ʌerlobs with irregular thick walled cavitary lessions in the right lung



we ordered the nucleic acid amplification test **(NAAT)** that was performed on **tum specimens** (Xpert MTB\RIF test) : **positive** with mycobacterium erculosis sensitive to rifampicin .

ve **could not made pulmonary function test** because the patient had noptysis and active tb

The patient has started on tuberculosis therapy .

Clinical and laboratory improvement within amonth of treatmen
t

The patient has continued his tuberculosis therapy with
igtolerance , no another complications of covid-19.

The patient has finished his tuberculosis therapy and after 2 weeks

moptysis, fever and cough come back (after 8months o

ona virus start) no other symptoms.

Clinical examenation

Heart rate 90 beats per minute

Blood pressure 12\8 mmHg

(SPO2)on air room 95%

emperature 38.9

uscultation: normal

- **Laborations** :

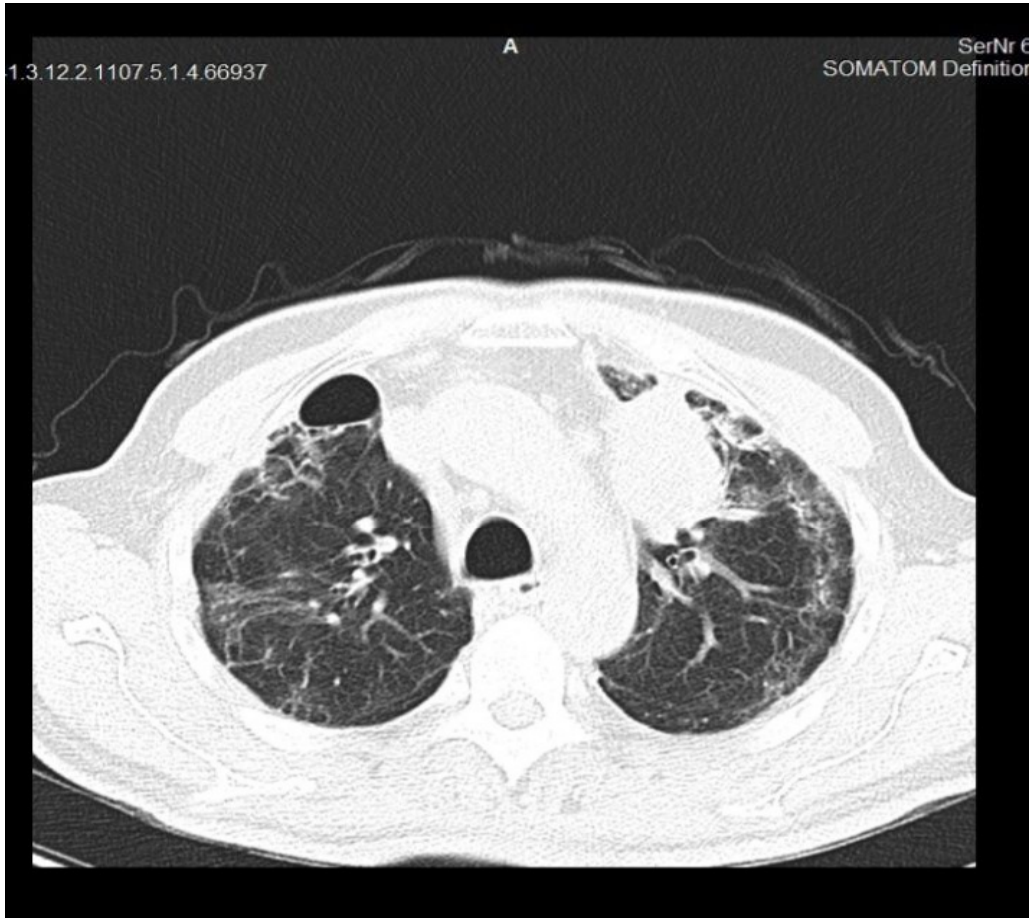
  Wbc : 14 ,5 **x 10^3** .

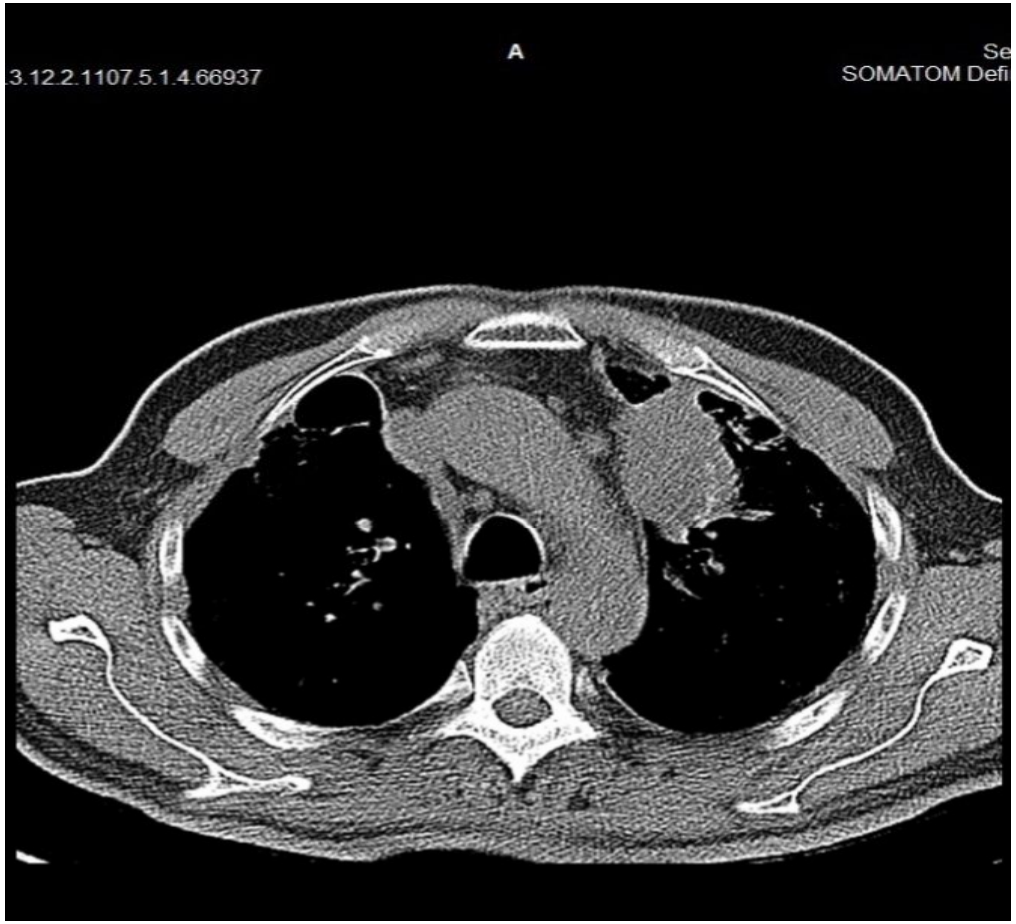
  GRA: 85% .

  Crp : 45 mg\dl.

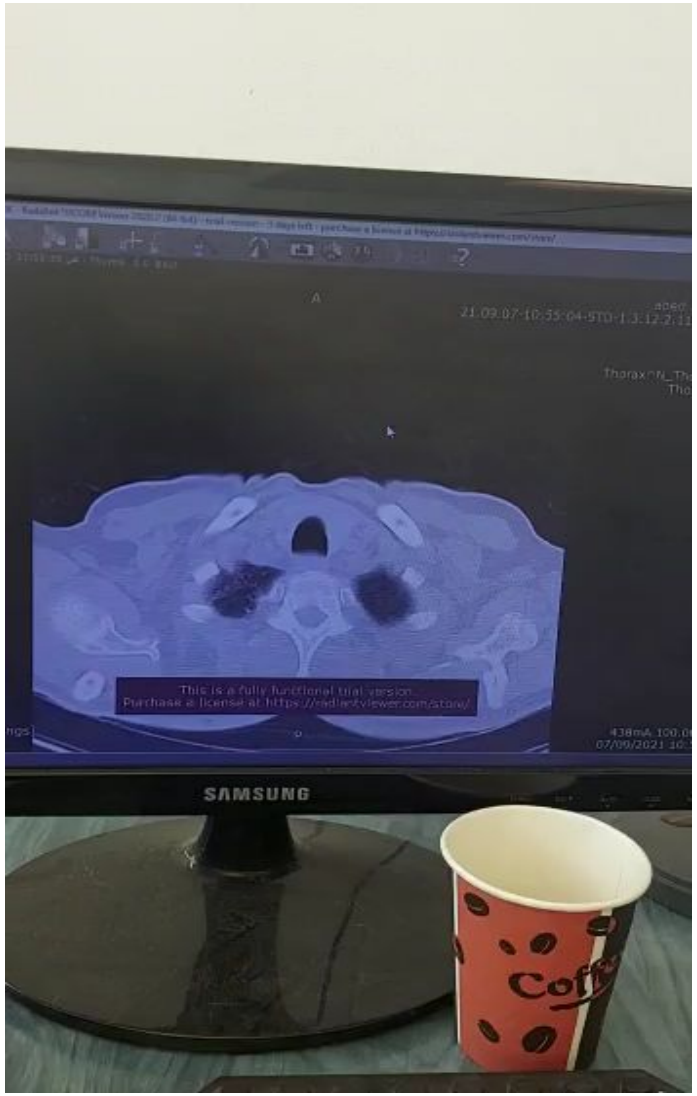
  Creatinine :0,8 mg\dl

  ESR : 70mlm \hour





Heterogeneous mass in the anterior segment of the left upper lobe with small nodes in front of the aortic arch, Right upper lobe band consolidation with small air bubble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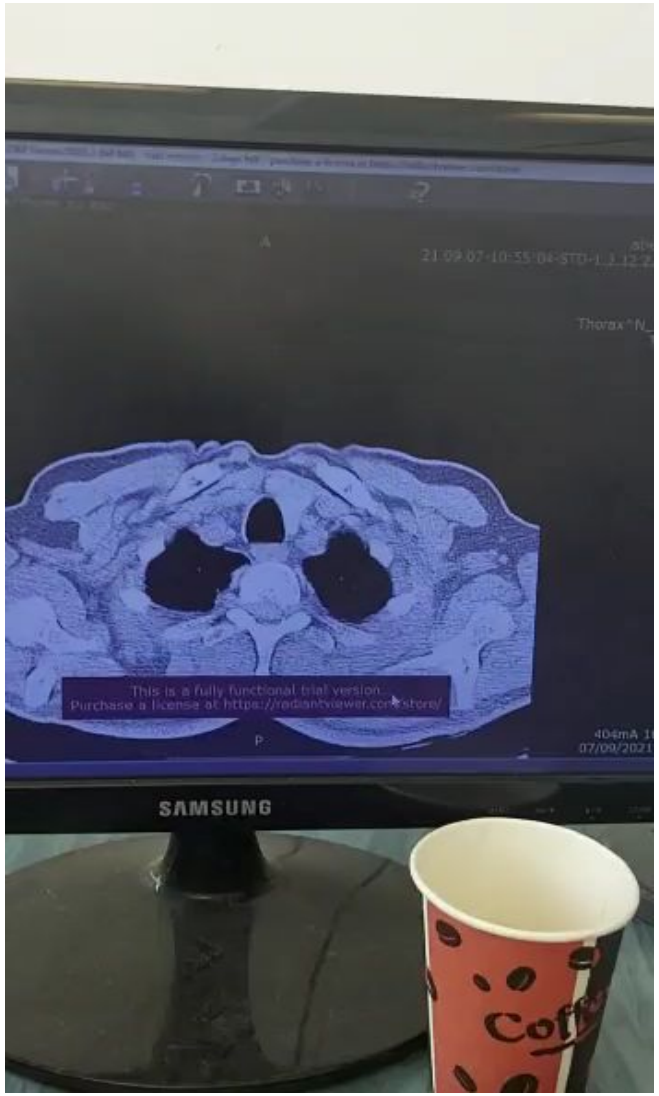
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Differential diagnosis :

- Pulmonary lymphoma
- Lung cancer
- Tuberculoma
- Round pneumonia

ronchoscopy :

ucosal congestion in the left upper lobe

.L: Cytology – TB : negative

iopsy : negative

T guided biopsy :

o malignancy - Non specific acute inflammation.

mited material composed of fatty tissue , pleural and lung tissuse showing mild
ıte infalammatory changes .There is no evidence of malignancy .

decided to start antibiotic and antifungal (**Levofloxacin,**

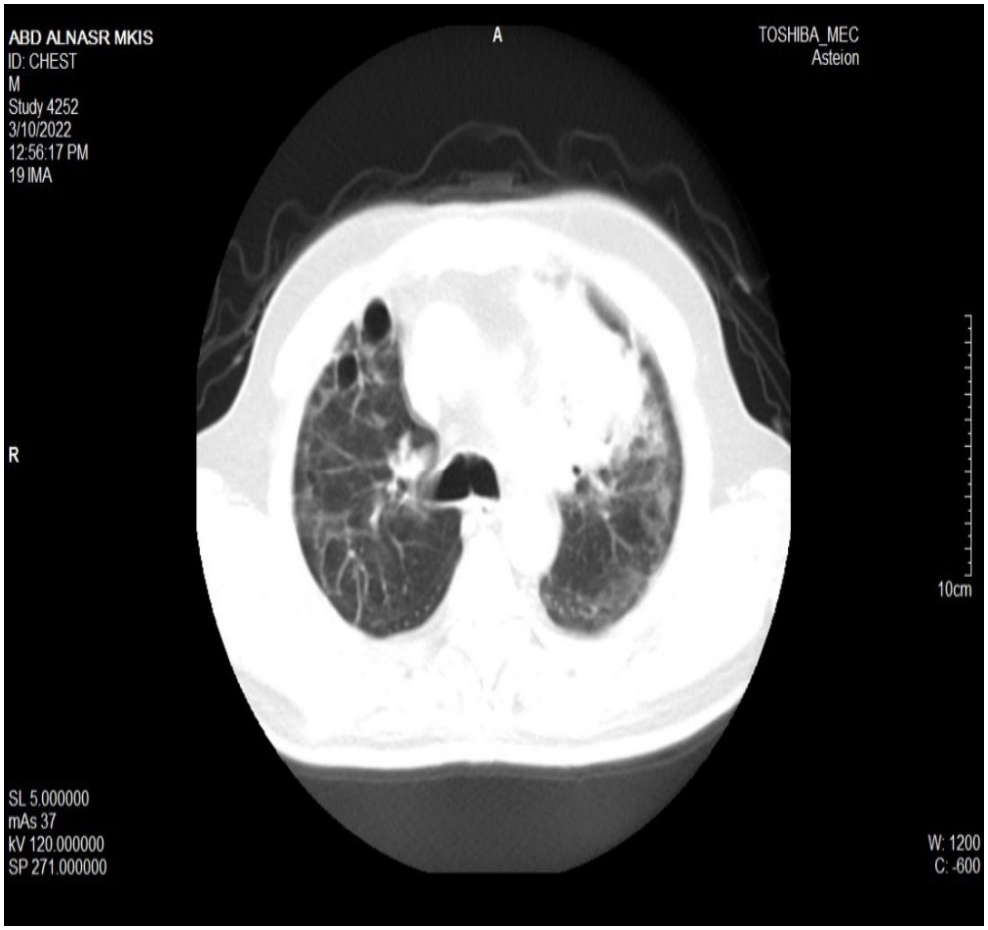
eriaxone, Flagyl) and then return evaluation .

The patient come back **after 5 months** with **exacerate hemopty** and **cough** with expectoration .

❑ Clinical examenation

✓Heart rate 90 beats per minute
✓ Blood pressure 12\8 mmHg
✓(SPO2)on air room 95%
✓ Auscultation: N
✓ Temperature:N

❑ Laborations : Normal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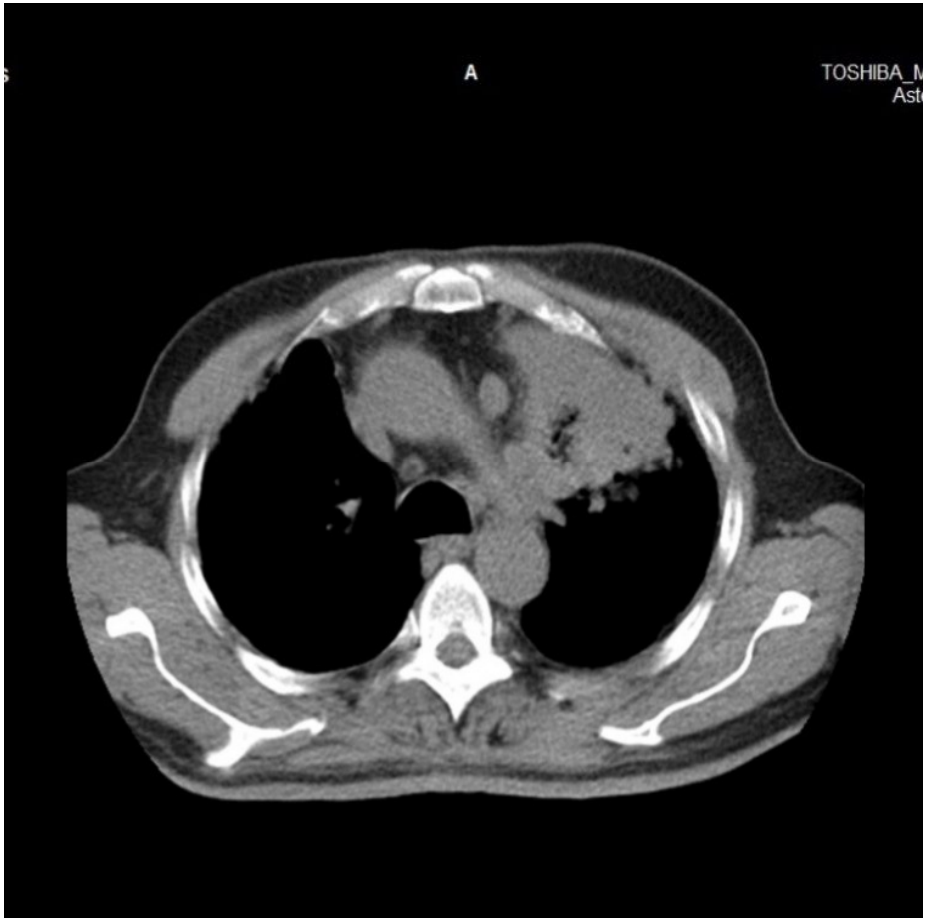
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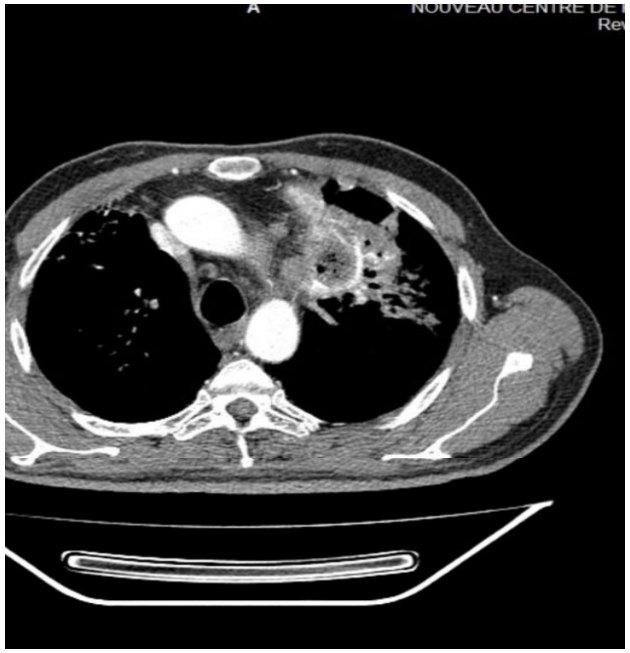
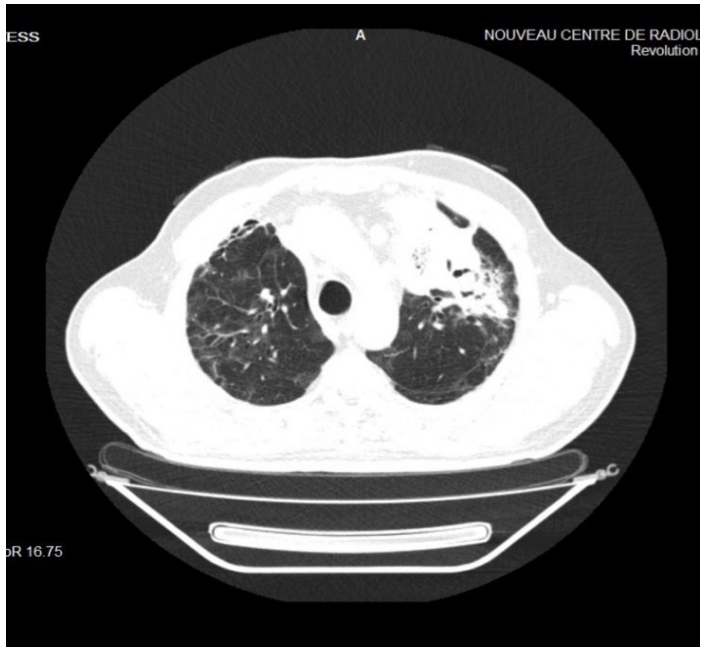
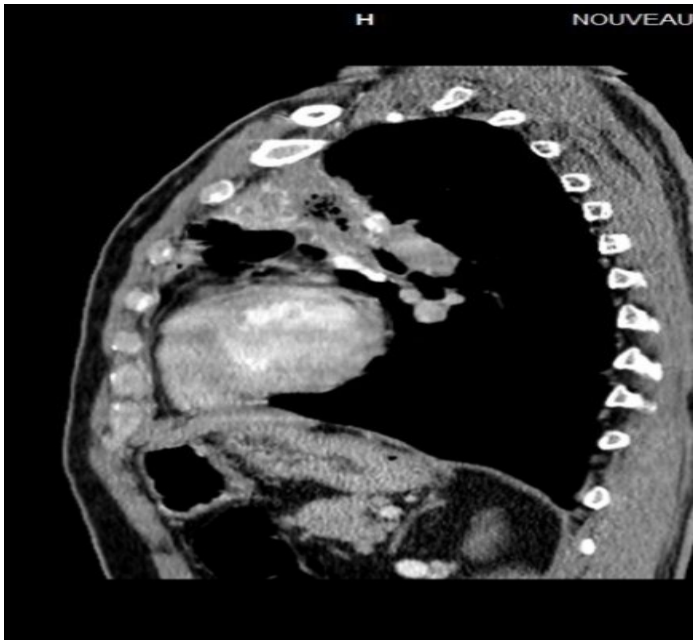


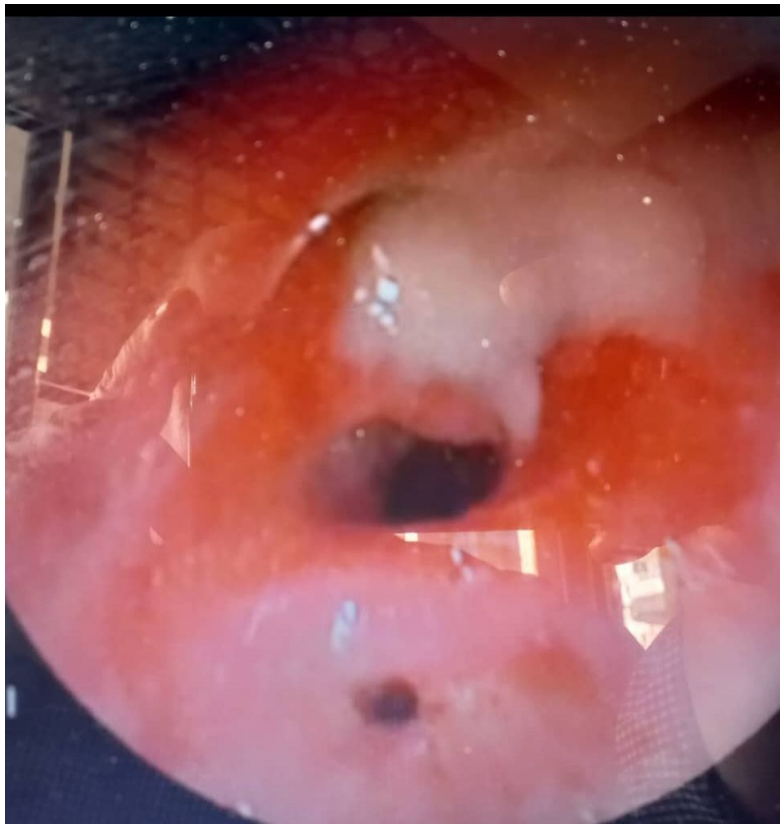




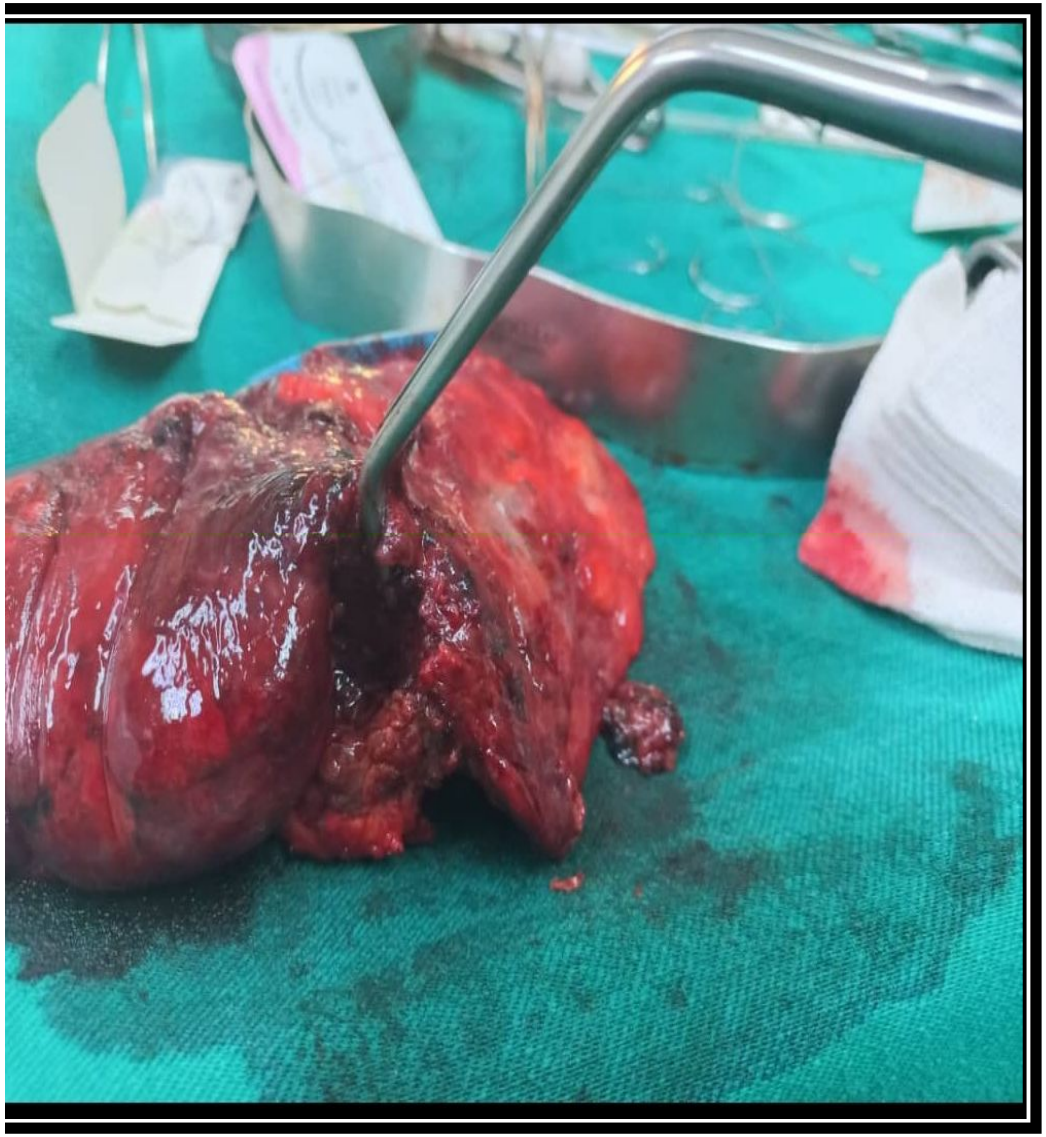
Left superior lobe alveolar consolidation with parenchymal distortion and inferior cave with calcification in the lobe

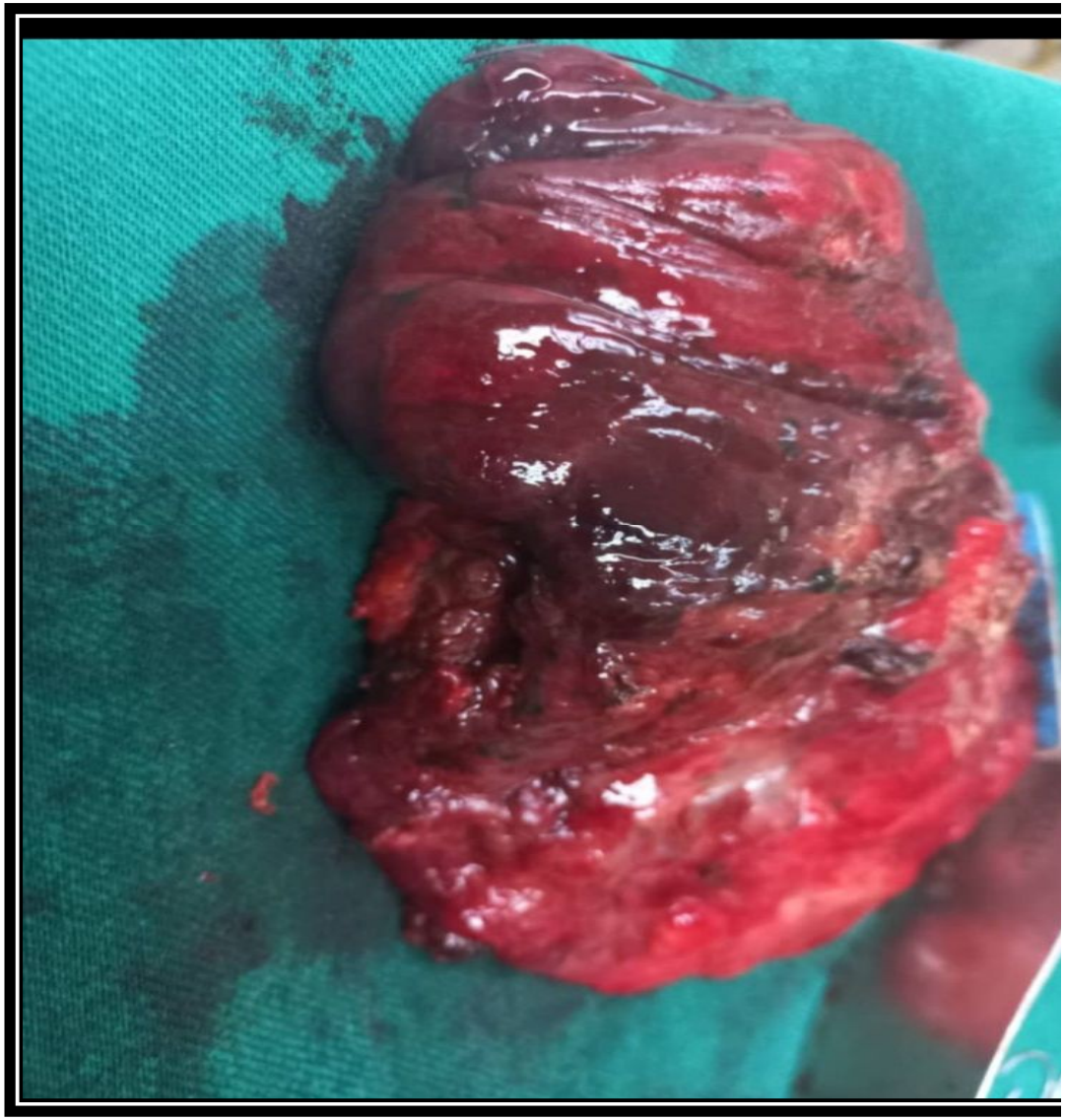
The bronchoscopy was repeated:

- Mucosal congestion the left upper lobe with large amounts of purulent secretions .
- BAl: normal



Surgery is done: left upper lobe was removed

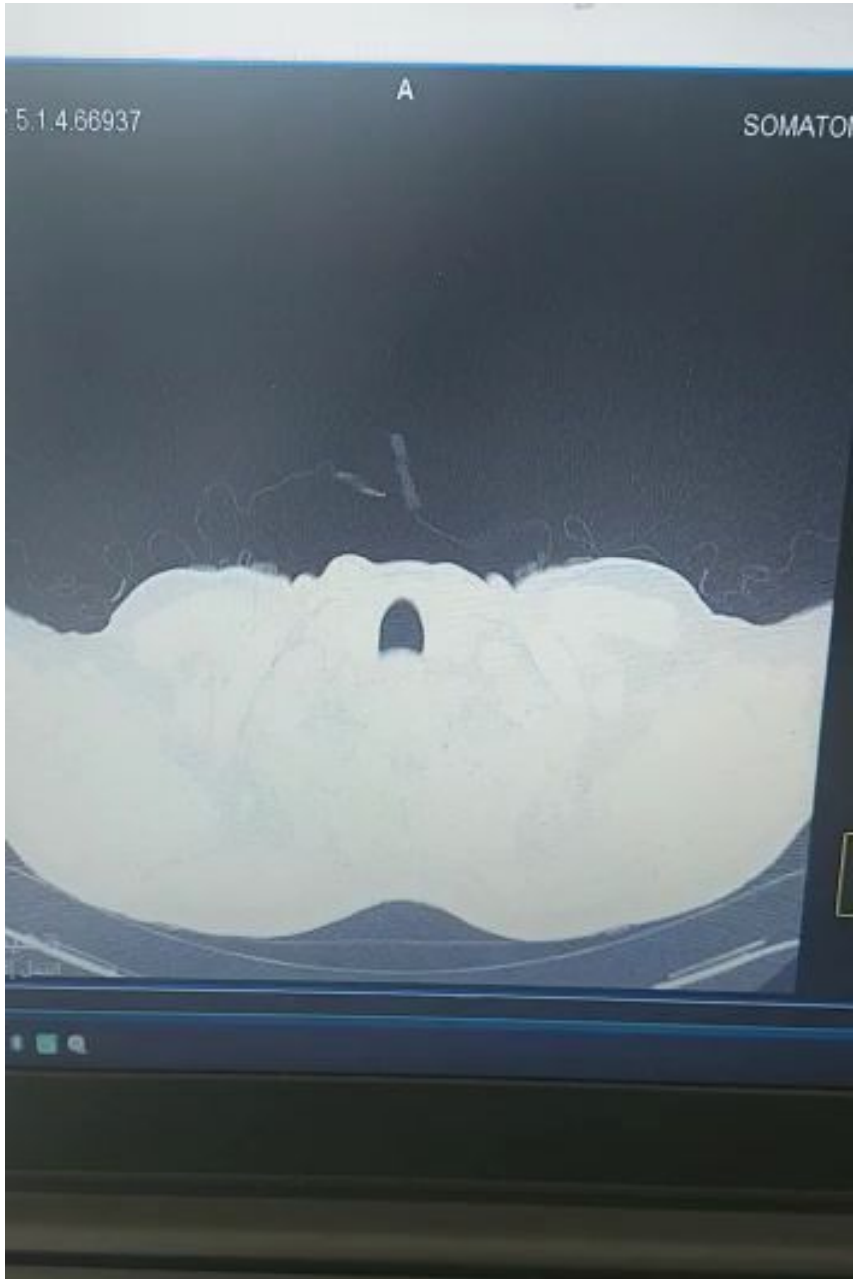




PATHOLOGY REPORT

- **No cellular atypia noted within the limits of examined specimen**

Lung abscess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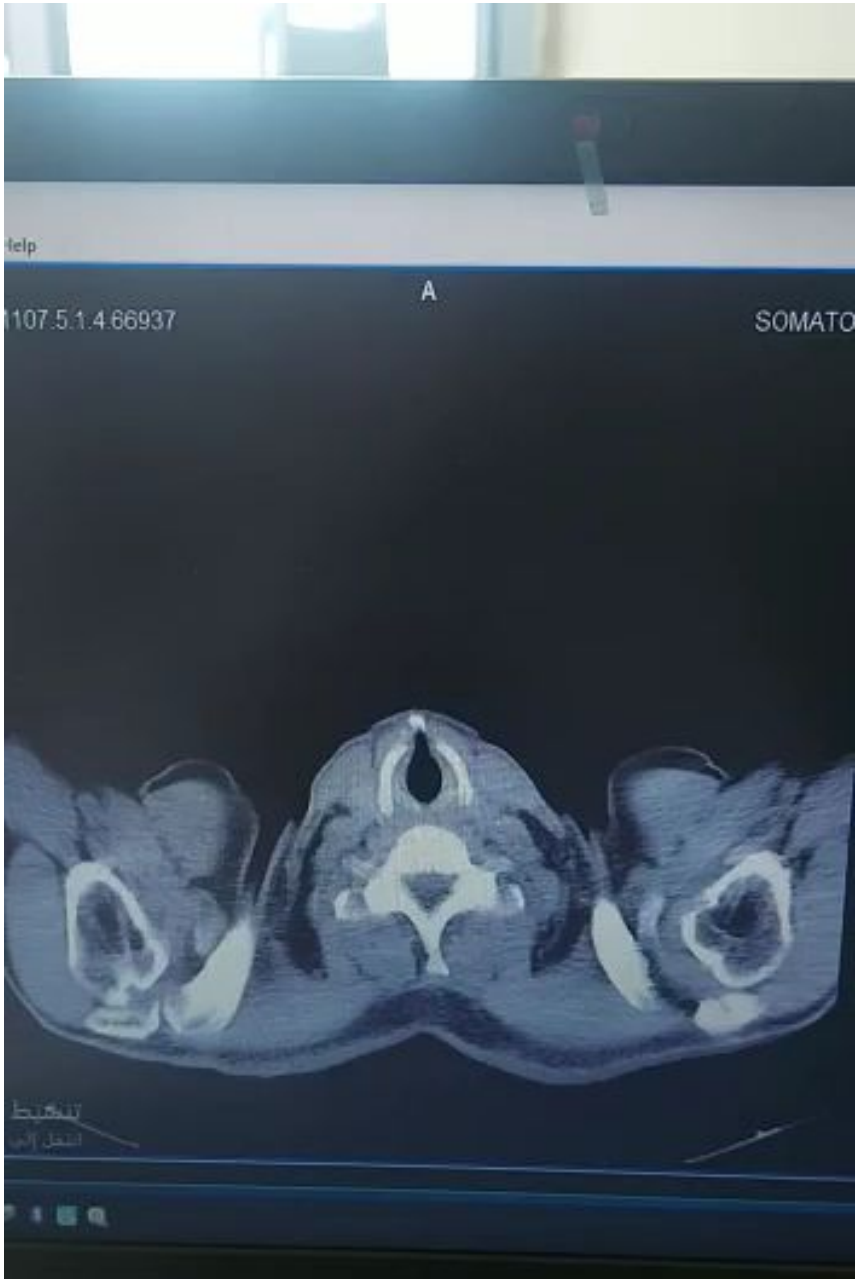
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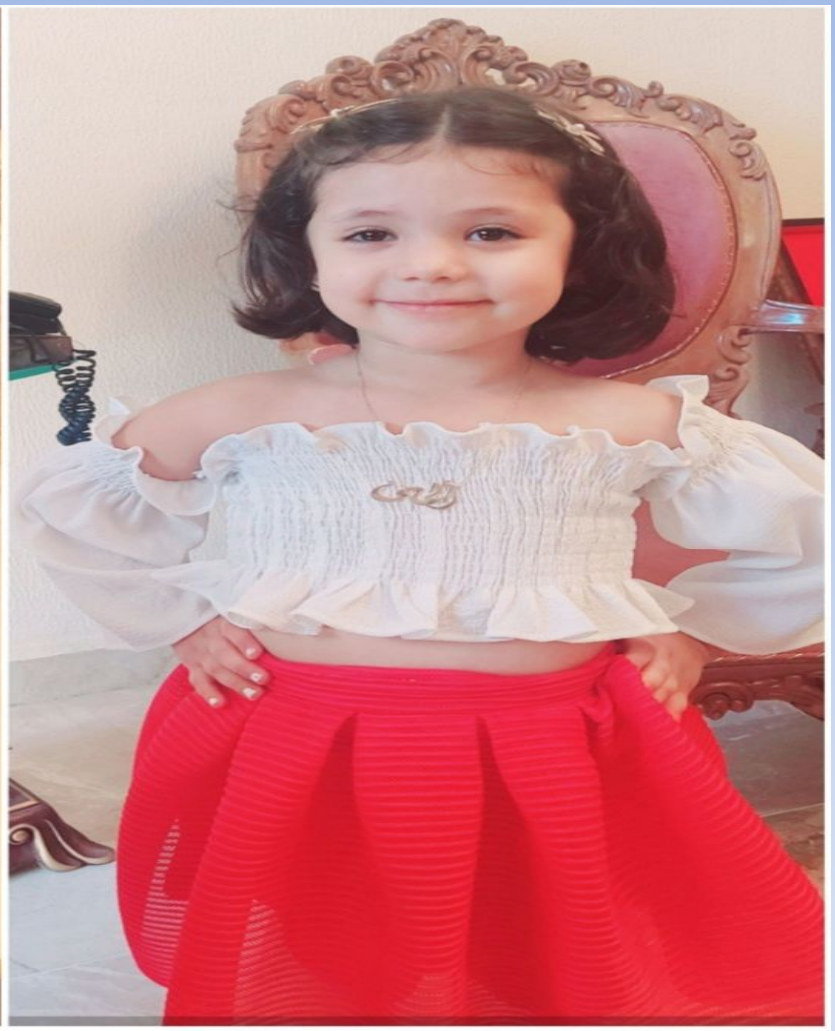

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