

COVID-19 induced Multisystem Inflammatory Syndrome in Adult and Acute Limb Ischemia.

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Abstract

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ABSTRACT

The patient presented with a chief complaint of lower extremity pain was found to be positive SARS-CoV-2 test. Contrast-enhanced computed tomography scans showed endocarditis, vasculitis and lower extremity ischemia. Despite we treated the patient with dexamethasone, the patient died.

KEY CLINICAL MESSAGE

Clinicians should to be aware of Multisystem Inflammatory Syndrome in Adult and Acute Limb Ischemia caused by COVID-19.

CASE DESCRIPTION

A 72-year-old man presented with a history of dyspnea and left lower extremity pain for 1 week. Contrast-enhanced computed tomography scans showed multiple arterial occlusions (Figure 1A, B) and no deep venous thrombosis, bilateral lung diffuse consolidation (Figure 1C), contrast-delayed areas in the myocardium (Figure 1D), and contrast enhancement in the aortic walls (Figure 1E). The patient needed noradrenaline. Laboratory examinations showed procalcitonin up to 40.60 ng/mL, C-reactive protein up to 31.57 mg/dL, creatinine kinase up to 13,861 U/L, D-dimer up to 258.8 µg/mL, high-sensitivity cardiac troponin I up to 9.014 ng/mL, platelets down to 83000 /µL. Real-time polymerase chain reaction via a nasopharyngeal swab was positive for COVID-19. Above all, the patients met the criteria of Multisystem Inflammatory Syndrome in Adults (MIS-A) Case Definition by Centers for Disease Control and Prevention (1).

Despite we treated the patient with dexamethasone, the patient died on the 17th day of hospitalization as a result of uncontrolled circulatory failure and sepsis.

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REFERENCE

Available from <https://www.cdc.gov/mis/mis-a/hcp.html>

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INFORMED CONSENT

Informed consent was obtained.

