

A Case of COVID-19 Infection With Recurrent Remitting-Relapsing Episodes

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A patient D., 60 years old female, without history of smoking and alcoholism, denied chronic illnesses and constant general GP supervision, first arrived at the end of June 2020 to the hospital with a fracture of the 6th rib on the right side. Received symptomatic orthopedic treatment with a positive effect. Few weeks later admitted the same hospital, developed symptoms of acute respiratory distress syndrome and suspected SARS, the patient lost her sense of smell, appeared moderate shortness of breath. COVID-19 ELISA test revealed positive IgM and IgG in blood, PCR+. The patient's condition was satisfactory, so she refused hospitalization. Symptomatic treatment was carried out on outpatient basis. In October 2020, reappeared with SARS-like symptoms, dyspnea began to increase and worsened patient's common condition. On CT- single pleuropulmonary moorings in the projection of the upper lobes of both lungs were seen.

Re-diagnosed COVID-19 infection, pneumonia in the upper lobes both lungs. Outpatient treatment – correcting oral anticoagulants therapy, with mild effects. Tuberculin probe was done, sputum for M. tuberculosis is negative.

At the end of December 2020, significant shortness of breath reappeared, an increase in BP to 140/90 mm Hg. On MS CT (12.12.20) single perifocal compaction in the parenchyma of the lower lobe of the right lung. Signs of COVID-19-associated pneumonia with 4% lesion of the lung parenchyma. PCR+. Outpatient treatment with oral anticoagulants prescribed again, with positive effect. The patient condition remained satisfactory for all 4 time of visits. Respiration rate 16-18 per minute. In the lungs breathing sounded hard, with no wheezing. Hemodynamics remained stable. Respiratory function (spirometry) was normal. ECG- normal. There was no leukocytosis, ESR-18 vv per hour. Coagulogram indicators were normal. During the entire observation period, the patient continued to do respiratory exercise, breathing exercises with breath holding, hypoxic- hypercapnic training-15-20 minutes 2-3 times a day.

Thus, a case of a patient who has had 4 repeated episodes of COVID-19 infection within last six months, with damage of the upper lobes of both lungs, their resolution, then damage to the lower lobe of the right lung (4%). In this case, oral anticoagulants and regular breathing exercises had a positive role..

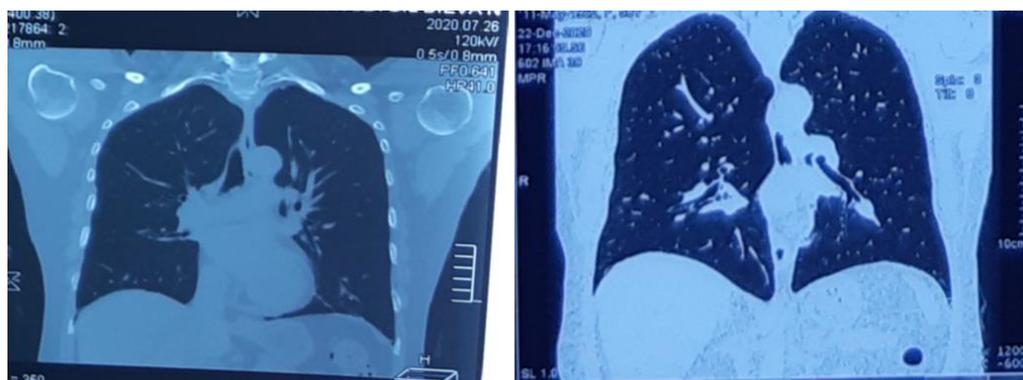


Figure 1. CT of a 60 yo woman with recurrent COVID-19 infection

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