

COVID ROOC

More Information Bank

CLINICAL CASES

Note: Not all sources are peer-reviewed whereas some are reviews and interesting blogs. They are not intended in themselves to guide patient management decisions.

A Case of COVID-19 and Rash

A previously healthy 44-year-old Caucasian man presented in the early evening to his local emergency department because of fever, intense fatigue, a cough lasting eight days and recent increasing dyspnea. A review of systems uncovered pain in the left leg with some worsening on weight-bearing. Because of a high temperature of 102.4 degrees F, pulse oxygenation of 88, bilateral basilar rales, and a chest X-ray revealing interstitial pneumonia, he was hospitalized in the ICU for probable COVID-19. A PCR COVID-19 test eventually proved positive.

Once admitted, an additional examination revealed an effusion, redness, and periarticular tenderness of the left ankle. There was also swelling and reddish discoloration of the toes of both feet, of which the patient was unaware. He was treated with azithromycin, remdesivir, and high-dose dexamethasone. In addition, the patient was anticoagulated with heparin for thromboembolism prophylaxis and administered low-flow oxygen. A planned arthrocentesis was deferred to the morning for the rheumatology consultant. However, his improvement overnight was dramatic. His temperature dropped to 99.7 F, and he was less dyspnea. Pain in the ankle and redness disappeared although there was some residual swelling. The toes were a light pink with minimal swelling. The following day, he was afebrile with minimal shortness of breath on walking around his room when transferred. A repeat chest x-ray showed partial clearing of the pneumonia bilaterally. He was discharged to home the following day in good general condition.

Discussion

The American College of Dermatology Association indicates on their website that COVID toes can develop at any age but most likely in adolescents and children. In contrast to this man, young patients may appear quite healthy. Many never develop more common or milder symptoms of COVID-19.

Also, unlike the case presented, many people don't feel anything and only realize that they have COVID toes when they see the discoloration and swelling on their feet (or hands). Along with the swelling and discoloration, COVID toes can also cause blisters, itch, or pain. Some people develop painful raised bumps or areas of rough skin.



COVID TOES



COVID Fingers

This patient's COVID toes no doubt improved because of high dose corticosteroids, but in general in less severe cases to reduce pain or itching, the ACDA recommends hydrocortisone cream applied to the affected area. If this fails to bring relief or

symptoms worsen, consider contacting a dermatologist.

<https://www.aad.org/public/diseases/coronavirus/covid-toes#>

For more information, see Module Four.

A Case of Rheumatoid Arthritis (RA) with COVID-19

A 54-year-old woman, previously in good health, except for long-standing obesity and RA, under reasonably good control by a daily NSAID and weekly methotrexate, presented to the ED with nasal congestion, cough, and low-grade fever for six days. She minimized concern about COVID-19 because she had one Moderna vaccination. Furthermore, she denied any exposure, remaining at home or within the confines of her community outside during the pandemic. However, her 64-year-old husband, who stayed well with no comorbidities, did shop or golf periodically. The patient sought medical care because of shortness of breath. She was hospitalized with low oxygen saturation and bilateral pneumonia on x-ray. The patient rapidly improved on dexamethasone, monoclonal antibodies, and remdesivir,

One day post-discharge, polyarthralgia, minimal during the hospitalization, worsened. She noted swelling of her hands and knees. Within a few weeks, she was aware of progressive fatigue and dyspnea without other previous respiratory symptoms. She had to "take to bed" because her generalized weakness became profound. Recent-onset dizziness and intermittent headaches were bothersome. She made a point of stating that the degree of disability had been more significant than any other time in her life.

Discussion

RA and COVID-19 can interface in several ways: 1) whether patients with RA are more prone to become infected with SARS-CoV-2 is debatable, but they tend to worsen once

patients are infected, especially when on corticosteroids. 2) on the one hand, RA can worsen from the infection but tends to improve from some treatments, paradoxically high-dose dexamethasone. 3) COVID-19 may precipitate RA in people who have never had any prior rheumatic disease. 4) "long hauler" syndrome, including rheumatic symptoms, may affect those with or without RA, as is the case with our patient.

"Long haulers" is also referred to as "long COVID," "post-COVID-19 syndrome," or "post-acute COVID-19 syndrome" (PASC). Symptoms are mainly constitutional yet often embellish musculoskeletal, neurological, gastrointestinal, cardiovascular, and cutaneous systems. Specifically, weakness, fatigue, insomnia, dyspnea, polyarthralgia, and myofascial pain have been commonly reported. Mental health comorbidities, notably depression and anxiety, dominate. As is often seen in patients with fibromyalgia syndrome and myalgic encephalomyelitis.

(chronic fatigue syndrome), "brain fog" is another common complaint.

Some sufferers of long hauler syndrome are more debilitated than their original condition—often for many months. The cause is unknown.

<https://www.webmd.com/rheumatoid-arthritis/covid-19-rheumatoid-arthritis#:~:text=Experts%20aren't%20sure,avoid%20contact%20with%20the%20virus>

<https://www.ama-assn.org/delivering-care/public-health/covid-long-haulers-questions-patients-have-about-symptoms>

For more information, see Modules Three and Six.