COVID-19: case 67

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83-year-old male patient admitted to the ED with cough and fever (39°C) for three days. Prior medical history: DM type 2, HTA, ex heavy-smoker.

pO2 95%, no leukopaenia, slight increase of CPR, LDH transaminase levels.

Chest ultrasound: bilateral interstitial engagement, basal consolidations with air broncogram and pleural effusion.

Chest radiography (supine):
bilateral pulmonary “ground-glass” opacities.
Multiple and diffuse “ground-glass” opacities, predominantly in the mantellar regions of the lungs, with initial consolidations and “crazy paving” patterns.

RT-PCR was positive for SAR-CoV-2.

After 3 days of hospitalization, D-dimero was measured as a screening for Tolicizumab therapy, with very high values (17234 micrograms/ml). At the same time, the patient showed respiratory failure. A CTA was performed for suspected pulmonary embolism.
Filling defects of segmental and subsegmental arteries of the lower lobes.

COVID patients have higher risk for pulmonary embolism: