

Case Report

COVID-19 an atypical presentation

Unni R. Baby¹, Supriya Adiody^{1*}, Sachin George¹, Ronnie Thomas², Chithra Valsan³

¹Department of Pulmonology, Jubilee Mission Medical College, East Fort, Kerala, Thrissur

²Department of Community Medicine, Jubilee Mission Medical College, East Fort, Kerala, Thrissur

³Department of Microbiology, Jubilee Mission Medical College, East Fort Kerala, Thrissur

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*Correspondence:

Dr. Supriya Adiody,

E-mail: adiodysupriya337@gmail.com

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ABSTRACT

Coronavirus disease 2019 (COVID-19) pneumonia usually presents as an unilateral or bilateral lower zone opacities. We wish to highlight a case of COVID 19 presenting as upper lobe consolidation with pre-existing co morbidities and unknown primary source of infection.

Keywords: COVID-19; RT-PCR, Right upper lobe pneumonia, Atypical presentation, Unknown primary contact

INTRODUCTION

The novel Coronavirus disease 2019 (COVID-19) also known as Severe acute respiratory syndrome corona virus 2 (SARS- COV-2) is an enveloped known segmented positive sense Ribonucleic acid (RNA) virus belonging to the beta corona *Viridae* family.¹ COVID-19 is the cause of severe viral pneumonia rapidly leading to Acute respiratory distress syndrome (ARDS). The most common finding on X-ray are peri-bronchial cuffing and peri-hilar opacity.² Patchy, bilateral ground glass opacity (440) consolidation, or both are also reported.^{2,3} The distribution of the abnormality could be unilateral or bilateral with peripheral and lower zone predominance. Here we present an atypical presentation of lobar consolidation later diagnosed as COVID-19.

CASE REPORT

87-year-old male patient, known case of coronary artery disease and chronic obstructive pulmonary disease not on regular medications was brought to the emergency medicine 1 department by the relatives with a history of cough since 1-month fever with generalized weakness for 2 days and altered sensorium for 1 day. The patient had

taken treatment for cough 3 weeks before. There was no definite history of contact with COVID-19 exposure history. In view of his chronic history, elderly age, and previous smoking history and initial diagnosis of lung carcinoma? pulmonary tuberculosis was made. His initial assessment shows leukocytosis, elevated C-reactive protein (CRP) level (>100), hyponatremia (Serum sodium=126 mg/dl) and Saturation of peripheral oxygen (SpO₂) of 94% on room air. His chest x-ray was suggestive of right upper lobe, middle lobe consolidation (figure 1).

On examination, chest bilateral crepitations were present. The patient was shifted to medical

Intensive care unit (ICU) and was started on 4 litre oxygen supplementation and antipseudomonal penicillin+ beta lactamase inhibitor. On day 2 of admission, patient developed ST elevation in anterior leads. In view of his deterioration of his condition and prevalence of nationwide COVID-19 Real time polymerase chain reaction (RT-PCR) was sent to Government accredited lab and the result came positive for COVID-19 after 3 days.

The patient was transported to COVID tertiary care centre as per government protocol. However, the patient

succumbed to his comorbidities on the same day. his immediate relatives and primary contacts of the patients were screened for COVID-19 and was found negative. The patients' source of infection remained unknown.

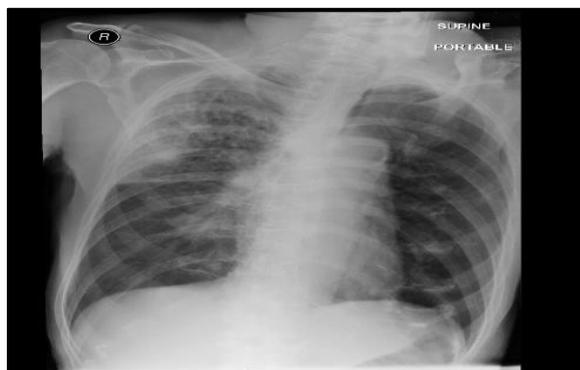


Figure 1: Chest x-ray -right upper lobe consolidation.

DISCUSSION

COVID-19 caused by SARS-COV2 has spread globally since the first case was described in November 2019 in Wuhan, China. The higher risk of complications and death in older patients was immediately evident.⁴ Respiratory disease and pneumonia are the major causes of hospitalization in the older population with a higher mortality rate has compared to the adult population.⁵ Here we have described a case of an 87 year old man with pre-existing comorbidities who was affected by lobar consolidation. Our patient was an elderly, bed ridden individual with limited social contacts, who lived at home with his son's family who did not report any epidemiological link. Studies have shown that asymptomatic carriers could transmit the infection, clinical presentation might be atypical in many individuals and it might be difficult to detect on x-ray or a Computed tomography (CT) scan in the midst age related changes of lung parenchyma and comorbidities which act as cofounders. Once patient developed cardiac complications to which he later succumbed. This study also highlights the need for careful evaluation of comorbidities, especially in the elderly.

CONCLUSION

This case report highlights the pitfalls in diagnosing COVID-19 pneumonia in elderly individuals with

comorbidities, long standing symptoms and the greater than expected spread of infection, even in individuals without history of known exposure, reduced inter-personal contacts and no defined epidemiological link. Last but not the least, this case report shows that probably there were many undocumented cases of infection before we became aware of it.

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