

A COVID-19 Odyssey

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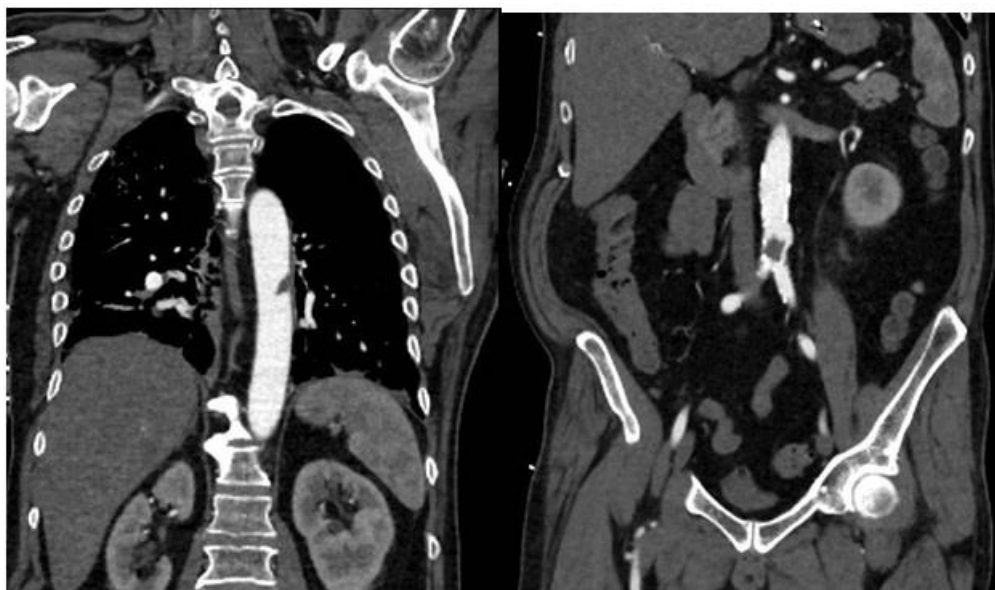
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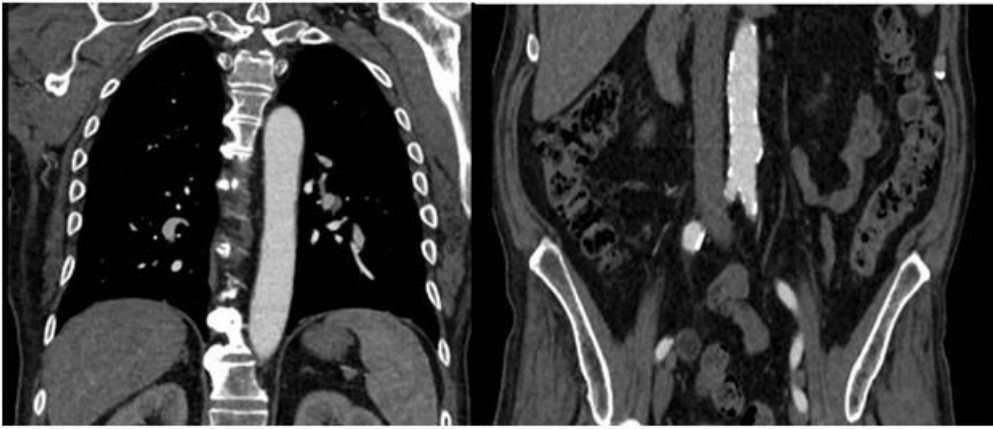
Clinical Image

Case: A 62-year-old Caucasian man was admitted to our hospital with impending respiratory failure due to COVID-19 infection. Sixteen years prior he had experienced a brainstem infarction, from which he made a full recovery. After that event, his high blood pressure was well controlled and he remained adherent to medication, which consisted of Angiotensin Converting Enzyme (ACE) -inhibitor, nifedipine, a statin and clopidogrel. He had felt healthy until the current admission. He was sent to the ICU and mechanical ventilation was started. The course of his disease was complicated. After three days ischemia of the right forearm developed, despite administration of therapeutic doses of low molecular weight heparine (LMWH). Thrombectomy and a patch attach-

ment were performed. CT- angiography demonstrated an arterial thrombus in both the descending and abdominal aorta (Panel A). The LMWH doses were increased but the anticoagulant treatment was hindered by Heparin Induced Trombocytopenia (HIT) with positive anti-PF4-heparin antibodies. The treatment was changed to danaparoid, monitored by anti-Xa levels. Organ dysfunction progressed with critical illness neuropathy, atrial fibrillation and kidney failure, for which temporary dialysis was required. However, this COVID-19 journey had a favourable outcome. After surviving many problems and medical challenges, the patient was discharged after 4 months of hospitalization. A repeated CT scan showed dissolution of all clots (Panel B). Afterward, we hypothesized that the damaged aortic wall formed a fertile breeding ground for the unexpected arterial thrombus, described here.



Panel A: Arterial thrombus located in both the descending and abdominal aorta



Panel B: Resolution of the arterial thrombus.