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ASYMPTOMATIC FORM OF COVID-19 IN A PATIENT WITH AIS/FRANKEL A PARAPLEGIA AFTER TRAUMATIC SPINAL CORD INJURY COMPLICATED WITH A RECENT OPERATED PRETROCHANTERIC 4TH GRADE PRESSURE SORE

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Abstract

Introduction. COVID-19 significantly affects the patients with multiple comorbidities (e.g., neurological disorders, multiple surgical interventions, weakened immune system, ICU admission, anemia, previous thoracic concussion). Studies have shown that some people with certain disabilities are more likely to get COVID-19 and have worse outcomes and the risk of severe COVID-19 increases with the number of underlying medical conditions in an individual. In the case of our patient with AIS/Frankel (A) paraplegia at the T7 level who is repeatedly operated for the associated complications, 4th grade pressure sores, the infection with COVID-19 was expected to be highly challenging.

Material and methods. This paper presents a case of a 32-year-old patient with AIS/Frankel (A) paraplegia after a spinal cord injury (13.11.2017) complicated with multiple pressure sores. The patient is hospitalized for a 4th grade pretrochanteric pressure sore which was initially treated surgically on 14.08.2020, but relapsed. The patient was successfully treated despite cardio-vascular complications (severe anemia, sinus tachycardia, underweight) on 09.02.2021. The evolution was favorable for a short period of time and 43 days later (24.03.2021) the pressure sore showed minimal regression and needed minimal intervention. Finally, at discharge the lesion was almost healed. After the first surgery the patient received a prophylactic dose of anticoagulant for preventing events of deep venous thrombosis, and he continued receiving it for the whole period of the hospitalization. In these conditions, on 30.03.2021, the patient is confirmed with COVID-19, after being RT-PCR tested with nasopharyngeal swab probe, and the CT scan does not identify any pulmonary involvement. After testing positive the patient was transferred to the COVID-19 Unit and continued the specific care and the rehabilitation program there, while also undergoing COVID-19 specific treatment. The patient was dynamically evaluated during the hospitalization using the following scales: QoL, modified Ashworth, international FAC, ADL, IADL, SCIM, MRC, AIS, FIM.

Results. The patient benefited from a complex rehabilitation program, having a favorable evolution with an improving score of the evaluating scales and maintaining his cardio-vascular parameters in normal range across his hospitalization. The CT scan is normal and is classified as a mild disease. The patient was discharged COVID-19 free as given by the RT-PCR test.

Discussion. The patient was undergoing anticoagulation treatment when he contracted SARS-CoV-2, a treatment that he continued to receive throughout his COVID-19 infection. It is possible that this treatment contributed to maintaining his COVID-19 infection asymptomatic. For approximately two months after surgery the patient benefited from a complex program of rehabilitation and as a result he was well fitted and in a good shape.

Conclusions. In spite of all the comorbidities that the patient had, he developed an asymptomatic form of COVID-19.

Keywords: *COVID-19, asymptomatic, paraplegia, pressure sore, anticoagulants*