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CASE IMAGE

Pulmonary embolism in a young man infected with COVID-19 pneumonia

COVID-19 pnömonisi ile enfekte genç bir erkekte pulmoner emboli

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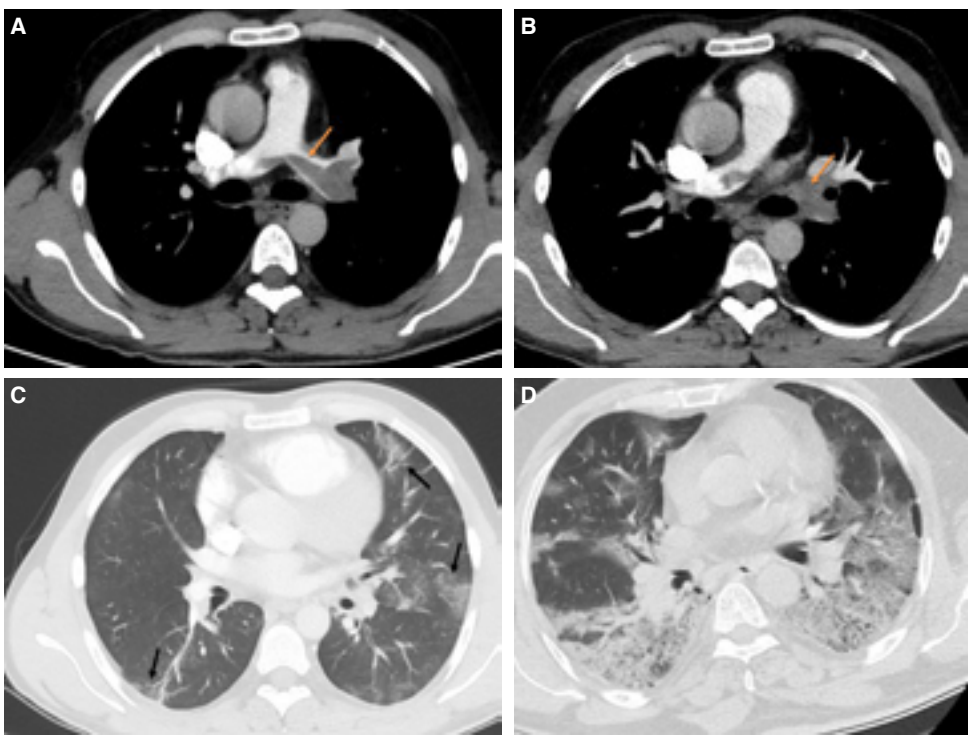
A 22-year-old man was admitted to the emergency department with a 2-week history of progressively worsening dyspnea, fever (37.9°C), and a dry cough. There was no history of major venous thromboembolism risk factors, including malignancy or deep vein thrombosis, obesity, smoking, family history of venous thromboembolism, or use of any drugs associated with an increased risk of thrombotic events. He appeared to be hemodynamically stable at the clinical evaluation, with a blood pressure of 145/80 mmHg, a heart rate of 90 bpm, and slightly reduced oxygen saturation on room air (93%). Bedside transthoracic echocardiography revealed normal right ventricular systolic function, mild enlargement in the right heart chambers, and mild-to-moderate tricuspid regurgitation. A chest computed tomography (CT) scan was performed, which revealed a saddle pulmonary embolism (PE) in the pulmonary arteries (Fig. A, B) and peripheral ground-glass opacities in the bilateral lung parenchyma (Fig. C). The chest CT scan findings were typical for COVID-19 pneumonia. A Pulmonary Embolism Severity Index score of 38 was calculated, indicating a low risk of mortality. Based on the recommendations of the infectious diseases specialist, treatment with enoxaparin (1 mg/kg twice daily, subcutaneously), oseltamivir (2x75 mg/day), and hydroxychloroquine (2x200 mg/day) was initiated immediately. No thrombi was detected in the venous structures in a bilateral, lower-extremity, venous Doppler examination. On the sixth day of admission, the patient was transferred to a pandemic hospital, as the clinical (such as oxygen saturation of 85%, sinus tachycardia, and increased dyspnea) and radiological findings had deteriorated (Fig. D). After 13 days of medical treatment, including noninvasive mechanical ventilation, the patient was transferred from the intensive care unit to the infectious diseases service with clinical and radiological recovery. The patient was discharged uneventfully and did well during the following two weeks. This is the youngest known PE case associated with COVID-19 without a PE risk factor.



Figures– (A, B) A computed tomography (CT) pulmonary angiography image indicates a saddle pulmonary embolism in the pulmonary arteries; **(C)** A chest CT image shows peripheral, patchy, ground-glass opacities mostly in the left lung parenchyma; **(D)** An axial chest CT scan demonstrates extensive, multifocal, patchy, ground-glass opacities and consolidation with a perilobular pattern in the parenchyma of both lungs.