

On a Case of Epigastralgy in COVID 19 Patient

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I.C., aged 71, came to our observation due to infection with SARS-COV2. In the medical history, the patient reported hypertension and hypothyroidism. Upon admission the patient complained of low-grade fever and mild dyspnea, laboratory tests showed, as abnormal, WBC=9360 with N=73%, CRP=6,3 mg/dl, Ferritin=1957 ng/ml, the ECG was normal and chest CT scan was conclusive for the presence of bilateral interstitial pneumonia. The patient started therapy with amoxicillin plus clavulanic acid 1 g t.i.d, enoxaparin 6000 u o.d., amlodipine 5 mg o.d., ramipril 10 mg o.d., levothyroxine 75 mg o.d., Hydroxychloroquine 200 mg b.i.d., ASA 100 mg o.d., O2 therapy 2 L/min with w/f > 300. On the fifth day the patient began to complain of vague epigastric pain with slight sweating: an ECG showed "Negative T waves from V1 to

V5". Cardiac enzymes highlighted elevation of troponin T (1,4 ng/ml) and CK mass (13,7 ng/ml): an echocardiogram showed "mild dyskinesia of the anterior wall with relatively preserved EF (48%)". Therefore ticagrelor 90 mg b.i.d, carvedilol 6,25 mg b.i.d., atorvastatin 40 mg o.d., were added to the therapy. In the following days the cardiac enzymes returned to normal, and the patient was discharged after 28 days of hospitalization, in spontaneous breathing, with diagnosis of: "NSTEMI and bilateral interstitial pneumonia from SARS-COV2 in a patient with hypertension and hypothyroidism". Among the damages caused by the SARS-COV2 virus is endothelitis, responsible for pulmonary microembolism, by far the most frequent vascular complication, but also for coronary lesions as in the case presented.