Nat. Volatiles & Essent. Oils, 2021; 8(5): 969 - 975

Case Report On Post Covid Manifestations

1] Mr. Sagar Balvir*, 2] Ms. Sangita Shende, 3] Ashish Bhagat, 4] Jayant Giri

1 GNM 3rd year, Florence Nightingale Training College of Nursing, Datta Meghe Institute Of Medical sciences (DU) Sawangi (M)Wardha India.Email: sagarbalvir358@gmail.com

2 Nursing Tutor, Florence Nightingale Training College of Nursing, Datta Meghe Institute of Medical sciences (DU) Sawangi (M) Wardha India. Email: pisesangita1@gmail.com

3 Research Consultant, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical sciences (DU) Sawangi (M) Wardha.

4 Dept. of Mechanical Engineering, Yeshwantrao Chavan College of Engineering, Nagpur. Email: jayantpgiri@gmail.com

Abstract:

Introduction: Corona virus disease 2019 (COVID-19) is an infectious breathing sickness because of the corona virus 2. (SARS-CoV-2). the first recognised case become observed in Wuhan, China, in December of this year. The sickness has for the reason that spread round the arena, ensuing in a virulent disease. A giant pro-coagulant nation in addition to an inflammatory cytokine hurricane, comparable to what is seen in macrophages. As of April 20th, 2020, COVID-19 (excessive acute respiration syndrome corona virus 2 [SARSCoV2] or 2019nCoV) were detected in about 2. Four million persons round the world. the first case of COVID-19 (extreme acute respiration syndrome corona virus 2 [SARSCoV2] or 2019nCoV) turned into located in Wuhan, China. Because of its excessive infectivity, low virulence, and asymptomatic transmission, it is a completely contagious disease.

Clinical findings: A 62-year-old male patient was admitted to AVBRH with complaints of vomiting, loss of appetite, nausea, weakness, and muscle cramps, He had hypertension, diabetes mellitus.

Diagnostic Evaluation: HB-11.1 gm % , MCHC-33.5, MCV-86.9, MCH-29.1, MCHC-33.5, MCHC-33.5, MCHC-33.5, MCHC-33.5, MCHC-33.5, MCHC-33.5, MCHC-33.5, 3.83 total rbc count,HCT-33.2, RDW-14.6, total wbc count-11400Total platelet count was 0.83, Monocytes were 4 and Granulocytes were 85, 9.1 grammes of total protein (PL REPEAT)

Therapeutic Intervention: Inj Emset 4 mg, Inj Metro 100 mg BD, Inj Rein 40 mg OD, Inj pan 40 mg BD, Inj cetri 10 gm BD, Inj perinorm TDS

Outcome: The medication for vomiting, diabetes, and hypertension, as well as fever and cough, has begun. Due to the patient's weight, physiotherapy was prescribed.

Conclusion: The patient is admitted to AVBRH's medicine department and is under the care of a medical and nursing team. The patient is stable and is being monitored. The post-COVID-19 symptomatology is very similar to the post-SARS symptomatology. All COVID-19 survivors should be monitored for a long time to assess and treat any symptoms or diseases that may have been triggered by the novel corona virus infection.

Keywords: Pulmonary Fibrosis; COVID-19; Tiredness; Post-COVID-19 Manifestations, Weakness, Muscle Cramps, And Joint Pain.

Introduction:

Corona virus ailment 2019 (COVID-19) is a existence-threatening breathing infection caused by a singular corona virus (SARS-CoV-2). one of the maximum urgent issues with COVID-19 is

its rapid spread; hundredsofthousands of people were inflamed round the world, with loads of thousands of deaths so far. Fever, dry cough, and other signs and symptoms plagued the sufferers.[1] The severity of the illness is connected to the inflamed folks' age and comorbidities; the aged are mainly impacted, necessitating ICU remedy.[2] The degree of signs is likewise proportional to their period; slight instances can also persist for two weeks, even as severe cases may keep everywhere from three to six weeks. [3] Due to the fact SARS-CoV-2 is transmitted by way of breathed air and aerosols, direct touch with showed patients is the most common way for the ailment to spread among people.[4] The polymer chain reaction (PCR), computed tomography (CT) scan, and blood check are used to diagnose COVID19.[5] Five Supportive remedy, including antibiotics, vitamins, hint elements, and antipyretics, is the simplest alternative for mild instances, however for people with respiration distress, oxygen remedy without or with mechanical air flow need to be brought and tailor-made to every case.[6]

Corona virus disorder 2019 (COVID-19) is a lifestyles-threatening respiration infection due to a novel corona virus (SARS-CoV-2). one of the most urgent issues with COVID-19 is its fast spread; thousands and thousands of people have been inflamed around the sector, with masses of heaps of deaths up to now. Fever, dry mouth, and other signs and symptoms plagued the patients.[7] The severity of the sickness is hooked up to the inflamed individuals' age and co-morbidities; the elderly are specifically impacted, necessitating ICU remedy .[8]

The SARS-COV-2 viral surface spike protein binds to the human angiotensin-converting enzyme 2 (ACE2) receptor that is observed inside the lungs (type 2 alveolar cells), coronary heart, intestinal epithelium, vascular endothelium, and kidneys, causing multi-organ failure. The common incubation length is 4 days.[9] to the pleasant of our understanding, no studies in Iraq has shown that ischemia of the decrease leg because of thrombosis is a rare imparting clinical function of COVID-19. We describe a unique case of decrease limb ischemia in a patient who had the hallmark COVID-19 signs and symptoms of fever and dyspnoea at some point before the onset of COVID-19 signs like fever and dyspnoea.

Present history: On May 31, 2021, a 62-year-old male patient was admitted to AVBRH with complaints of vomiting, loss of appetite, nausea, weakness, and muscle cramps. A thorough inquiry has been carried out.

Family History: The family consists of four members. The patient was diagnosed after he had been on covid for a while. Except for my patient, who was admitted to AVBRH, none of the other members had any health issues.

Past History: Before 1 month, the patient had tested positive for RTPCR.

Clinical findings : Loss of appetite, vomiting, hypertension, diabetes mellitus, nausea, weakness, and joint pain are all symptoms of diabetes mellitus.

Etiology: Infection with the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus strain causes COVID-19.

Physical Examination:

General examination
State of health: unhealthy
General condition – not satisfactory
State of consciousness: conscious
Body built: Moderate
Hygiene: poor
General Parameter:
Height: c144cm
Weight: 51 kg
Vital parameter:
Blood pressure: 130/80mmhg
Temperature: 98.6^{o} F
Pulse: 100beats/min.
Respiration: 25 breath/ min.
SPO_2: 97%
Systemic Examination
CVS – $S_1 S_{2+}$

Respiratory: wheezing sound present on left side

Diagnostic Assessment: **:** HB-11.1 percent, MCHC-33.5, MCV-86.9, MCH-29.1, MCHC-33.5, MCHC-33.5, MCHC-33.5, MCHC-33.5, MCHC-33.5, MCHC-33.5, MCHC-33.5,3.83 total rbc count,HCT-33.2, RDW-14.6, total wbc count-11400Total platelet count was 0.83, Monocytes were 4 and Granulocytes were 85, 9.1 grammes of total protein (PL REPEAT)

Therapeutic Intervention: : Emset 4mg, Metro 100 mg BD, Rein 40mg OD, Pan 40mg BD, Cetri 10gm BD, Perinorm TDS.

Outcome: The medication for vomiting, diabetes, and hypertension, as well as fever and cough, has begun. Due to the patient's weight, physiotherapy was prescribed.

Discussion:

As a end result, a multidisciplinary method mixed with lengthy-term rehabilitation need to be used to optimize mental fitness morbidity remedy. Each COVID-19 survivor said one or more signs and symptoms, which endured for greater than 20 days after the last terrible PCR. COVID-19 severity was divided into three categories: mild times with achievable signs and symptoms who were treated at domestic with out the want for oxygen remedy, mild instances with hard breathing who required oxygen remedy at home, and severe sufferers who have been hospitalized and required ICU. the connection between age, co morbidities, and COVID-19 severity is proven.[10]

Poor PCR isn't always the cease of affected person monitoring for COVID-19 survivors; continuing and long-term monitoring is suggested for evaluation of submit-COVID-19 manifestations and early intervention with vast signs. moreover, it's far essential to provide ongoing

counselling to the individuals, not best to ensure that they stick to their meds, however also to make certain that they're receiving the exceptional viable care[11]

Approximately 90% of the recovered members had publish-COVID-19 manifestations, with a huge spectrum of symptoms and diseases ranging from a minor symptom like a headache to more serious troubles which includes stroke, renal failure, and pulmonary fibrosis. After SARS, publish-viral infection syndrome changed into formerly determined.[12,13]. Continual fatigue and intellectual issues remained clinically great in members who survived SARS illness at some point of a four-year comply with-up. [14]

Within the absence of active contamination, kids with asymptomatic SARSCoV2 infection evolved multisystem inflammatory syndrome in youngsters (MISC), characterized by way of fever, elevated inflammatory markers, and single or multiorgan failure, within the absence of active contamination . [15]

Seizures were observed in more than one kid with this syndrome. As proven with the aid of her excessive systemic inflammatory markers, we agree with our patient's RSE became due to a put up infectious inflammatory reaction. Regardless of the truth that she did not have multisystem organ failure or a fever, she turned into admitted to the sanatorium. [15]

In this have a look at, sufferers who had recovered from COVID-19 said that at least one symptom, in particular fatigue and dyspnoea, had endured in 87. 4% of instances. The observer's limitations consist of a loss of specifics on symptom severity and a lack of information on symptom records prior to acute COVID-19 sickness. Further, this is a single-middle have a look at with a small range of sufferers and no controls.[16]

Clinicians and researchers have concentrated on the intense section of COVID-19, but long-time period effects ought to be monitored after discharge. We determined an general threshold of. even though occult thromboembolic occasions can be viable or even in all likelihood in seriously sick COVID-19 sufferers who're unable to go through diagnostic imaging, given the discovered bleeding prices, our information suggest that empiric anticoagulation intensification beyond the overall fashionable of care in even seriously ill COVID-19 sufferers have to be approached with caution. patients on renal replacement remedy with CVVH who have numerous bouts of circuit failure due to coagulation are the one current exception recognized via our information. On scientific trials, there are more than one randomised studies assessing the severity of preventive anticoagulation in people with COVID-19.[17] Some of the related reviews on effect of Covid 19 on healthcare were reported[18-23].
Multiple signs and symptoms seem roughly 3 months after the onset of symptoms in previously hospitalised and no hospitalized sufferers with confirmed or suspected COVID-19. those points to the lifestyles of a "submit-COVID-19 syndrome" and the unmet healthcare demands of a subset of people with "moderate" or "severe" COVID-19. The put up-COVID-19 symptomatology is very just like the put up-SARS symptomatology. All COVID-19 survivors must be monitored for a long time to assess and deal with any signs and symptoms or sicknesses that could had been induced through the novel corona virus infection. After the ultimate negative PCR, the majority of COVID-19 survivors exhibited a selection of symptoms, which includes slight syphilis. Fatigue, tension, joint pain, and headache were the most usually said symptoms. The severity of publish-COVID-19 signs and

symptoms changed into connected to the infection's severity, which was also connected to the life of co morbidities. The put up-COVID-19 symptomatology could be very just like the -SARS symptomatology.

Conclusion:

All COVID-19-infected individuals have to be evaluated and dealt with on a protracted-term foundation. After the closing terrible PCR, the general public of COVID-19 survivors exhibited an expansion of signs and symptoms that could range from slight symptoms like fatigue and headache to more extreme manifestations together with pulmonary fibrosis, stroke, and myocarditis. Fatigue, tension, joint soreness, and headache had been the maximum commonly reported signs and symptoms. The diploma of post-COVID-19 signs and symptoms become linked to the severity of the virus. standard, the to be had statistics suggest that a subset of patients who recover from acute SARS-CoV-2 infection will revel in long-term effects from the ailment, both due to continual symptomatology or extended organ dysfunction, or probable as a result of the emergence of new syndromes, along with MIS, after preliminary asymptomatic or moderate infection. The whole variety of publish acute COVID-19 period and severity is still unclear. Given the massive range of patients who have already shrivelled COVID-19 and the ongoing transmission of the disease, put up acute COVID-19 symptomatology and organ dysfunction may come to be a huge aid use issue in the destiny. within the dynamically converting COVID-19 pandemic era.

References:

1. Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. Jama. 2020 Apr 7;323(13):1239-42.
2. CDC COVID-19 Response Team, CDC COVID-19 Response Team, CDC COVID-19 Response Team, Bialek S, Boundy E, Bowen V, Chow N, Cohn A, Dowling N, Ellington S, Gierke R. Severe outcomes among patients with coronavirus disease 2019 (COVID-19)—United States, February 12–March 16, 2020. Morbidity and mortality weekly report. 2020 Mar 27;69(12):343-6.
3. Wang D, Hu B, Hu C, Zhu F, Liu X, Zhang J, Wang B, Xiang H, Cheng Z, Xiong Y, Zhao Y. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus–infected pneumonia in Wuhan, China. Jama. 2020 Mar 17;323(11):1061-9.
4. Mez J, Daneshvar DH, Kiernan PT, Abdolmohammadi B, Alvarez VE, Huber BR, Alosco ML, Solomon TM, Nowinski CJ, McHale L, Cormier KA. Clinicopathological evaluation of chronic traumatic encephalopathy in players of American football. Jama. 2017 Jul 25;318(4):360-70.
5. Udugama B, Kadhiresan P, Kozlowski HN, Malekjahani A, Osborne M, Li VY, Chen H, Mubareka S, Gubbay JB, Chan WC. Diagnosing COVID-19: the disease and tools for detection. ACS nano. 2020 Mar 30;14(4):3822-35.
6. Li T, Lu H, Zhang W. Clinical observation and management of COVID-19 patients. Emerging microbes & infections. 2020 Jan 1;9(1):687-90

7. Wu Z, McGowan JM. Characteristics of and important lessons from the corona virus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. Jama. 2020 Apr 7;323(13):1239-42
8. COVID, C. Severe outcomes among patients with corona virus disease 2019 (COVID-19)—United States. February 12–March 16, 2020.
9. Clerkin KJ, Fried JA, Raikhelkar J, *et al.*: COVID-19 and Cardiovascular Disease. *Circulation.* 2020; **141**(20): 1648–1655
10. Yang J, Zheng Y, Gou X, et al. Prevalence of co morbidities in the novel Wuhan coronavirus (COVID-19) infection: a systematic review and meta-analysis. *International Journal of Infectious Diseases*. 2020; 94: 91– 95.
11. Saeed H, Abdelrahim ME, Rabea H, Salem HF. Impact of advanced patient counseling using a training device and smartphone application on asthma control. Respiratory care. 2020 Mar 1; 65(3):326-32.
12. **.** Moldofsky H, Patcai J. Chronic widespread musculoskeletal pain, fatigue, depression and disordered sleep in chronic post-SARS syndrome; a case-controlled study. BMC neurology. 2011 Dec;11(1):1-7.
13. Leow MK, Kwek DS, Ng AW, Ong KC, Kaw GJ, Lee LS. Hypocortisolism in survivors of severe acute respiratory syndrome (SARS). Clinical endocrinology. 2005 Aug;63(2):197-202.
14. Lam MH, Wing YK, Yu MW, Leung CM, Ma RC, Kong AP, So WY, Fong SY, Lam SP. Mental morbidities and chronic fatigue in severe acute respiratory syndrome survivors: long-term follow-up. Archives of internal medicine. 2009 Dec 14; 169(22):2142-7.
15. Whittaker E, Bamford A, Kenny J, Kaforou M, Jones CE, Shah P, Ramnarayan P, Fraisse A, Miller O, Davies P, Kucera F. Clinical characteristics of 58 children with a pediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2. Jama. 2020 Jul 21;324(3):259-69.
16. Metlay JP, Fine MJ, Schulz R, Marrie TJ, Coley CM, Kapoor WN, Singer DE. Measuring symptomatic and functional recovery in patients with community-acquired pneumonia. Journal of general internal medicine. 1997 Jul;12(7):423-30
17. Tang N, Li D, Wang X, Sun Z. Abnormal coagulation parameters are associated with poor prognosis in patients with novel coronavirus pneumonia. Journal of thrombosis and homeostasis. 2020 Apr;18(4):844-7.
18. Kute, Vivek, Sandeep Guleria, Jai Prakash, Sunil Shroff, Narayan Prasad, Sanjay K. Agarwal, Santosh Varughese, et al. "NOTTO Transplant Specific Guidelines with Reference to COVID-19." INDIAN JOURNAL OF NEPHROLOGY 30, no. 4 (August 2020): 215–20. https://doi.org/10.4103/ijn.IJN_299_20.
19. Dhole, P.D., Lohe, V.K., Kadu, R.P., Mohod, S.C., Meshram, M., Thakare, G.A., 2020. Post COVID-19 protocol of treatment, radiologic examination and infection control in dentistry. International Journal of Research in Pharmaceutical Sciences 11, 1384–1389. https://doi.org/10.26452/ijrps.v11iSPL1.3664
20. Gaidhane, S., Khatib, N., Zahiruddin, Q.S., Gaidhane, A., Telrandhe, S., Godhiwal, P., 2020. Depression, anxiety and stress among the general population in the time of COVID-19 lockdown: A cross-sectional study protocol. International Journal of Research in Pharmaceutical Sciences 11, 360–364. https://doi.org/10.26452/ijrps.v11iSPL1.2726

21. Ghate, V.C., Borage, S., Shelotkar, P., 2020. Covid-19 in pregnant women. International Journal of Research in Pharmaceutical Sciences 11, 430–432. https://doi.org/10.26452/ijrps.v11iSPL1.2805
22. Goel, D., 2020. Effects of covid-19 on mental health. International Journal of Research in Pharmaceutical Sciences 11, 1836–1840. https://doi.org/10.26452/ijrps.v11iSPL1.4409
23. Jachak, S., Phansopkar, P., Waqar Naqvi, M., 2020. Impact of covid-19 in India, a disastrous pandemic outbreak. International Journal of Research in Pharmaceutical Sciences 11, 399–402. https://doi.org/10.26452/ijrps.v11iSPL1.2735