

COVID-19: case 35

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63-year-old with no risk for Covid-19 exposure. The patient presented to the ED with syncope. Head CT and EKG were unremarkable. D-dimer was high, so a CTA for pulmonary embolism was performed which revealed scattered ground-glass opacities with reticulations and subpleural band consolidations in the posterior regions.



The patient developed an ARDS as well as leukopenia and an increase in transaminases. CPR slightly increased.

The following HRCT showed a progression of the interstitial pneumonia with diffuse “crazy paving” pattern.



RT-PCR was positive for SARS-CoV-2 and the patient was transferred to a referral center.

A dedicated sanitization was performed, requiring a 12-hours inactivity of the ED and the medicine department where the patient was hospitalized. Isolation was enforced to the physicians and health-workers involved in the patient care.