

The Many Faces of COVID-19: A Case of Atypical COVID-19 Presentation

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Introduction

- The novel coronavirus disease 2019 (COVID-19) has affected more than 8,000,000 people worldwide with the number of cases and deaths surging in the US as of October 27th 2020 per CDC report (1). Criteria to test is quickly evolving as its presentation is better understood; however, lack of adequate testing is still a limitation. While the most common presenting symptoms are fever (44- 98%), cough (46-82%), and dyspnea (20-64 %), there are less common symptoms such as diarrhea (10%) (2). Prior criteria for COVID-19 testing excluded those with positive respiratory viral panels; however, a study estimates that about 1 in 5 people infected with COVID-19 are coinfecting with another respiratory virus (3). As we embark upon “flu season” again, the decision to test for COVID-19 becomes even more nuanced. The following is a case of concomitant COVID-19 and rhino/enterovirus infection presenting predominantly as fever and diarrhea.

Case Presentation

- An 85-year-old male with a history of prostate cancer status post prostatectomy, urothelial carcinoma status post resection and chemoradiation presented with 5 days of ongoing watery, non-bloody diarrhea, decreased appetite, and subjective fever and chills. He reported nausea but denied vomiting, abdominal pain, recent travel, or antibiotic use. He had multiple exposures to family and friends as his wife died the prior week from a COVID-19 negative respiratory illness. He denied cough, congestion, dyspnea, chest pain. Initial labs revealed leukopenia with lymphopenia, thrombocytopenia, elevated CRP and LDH. The patient was also hypoxemic at 85% on room air and was started on supplemental oxygen. Chest x-ray (CXR) showed perihilar and bilateral lower lobe ground glass opacities (GGOs). Viral respiratory panel was positive for rhino/enterovirus and COVID-19 testing was positive. He was treated supportively and discharged within a few days in improved condition.

Discussion

- This case shows the importance of maintaining a low threshold to test for COVID-19 even in the presence of a positive viral respiratory panel and/or absence of upper respiratory symptoms. Lymphopenia is non-specific however noted in up to 50-60% of patients with COVID-19 (3,6), as can elevations in CRP and LDH. The most common findings on chest X-ray (CXR) are consolidation (47%) and GGOs (33%). CXR abnormalities were more likely peripheral (41%), bilateral (50%), and have lower lobe predominance (50%) (4). As cold and flu season comes back and cases of COVID-19 are again on the rise, access to testing becomes even more difficult.

Data Collection



Images: Perihilar and lower lobe groundglass opacities . These can be seen in viral pneumonia, pulmonary edema, and chronic aspiration however this pattern raises suspicion for COVID-19.

Conclusion

- This patient constituted an atypical presentation of COVID-19 given primary presenting symptom of diarrhea and coinfection with rhino/enterovirus, which had challenged prior belief that coinfection should not be tested. With our understanding of COVID-19 rapidly evolving, we can expect to see more changes in screening criteria due to atypical presentations such as this case.

References

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