

Infectious Disease

CHIEF COMPLAINT

Post-COVID Symptoms

COMMENTS TO SPECIALIST

I am not sure what to do for my patient's post-COVID symptoms. 59-year-old, female patient was diagnosed at the end of November.

2x vaccinated

Continued severe fatigue - can barely stay awake in the exam room

Reports severe dyspnea on exertion; not dyspneic in exam room (Ambulatory O2 normal, vitals remained normal)

Recent CT of lungs normal

CBC, CMP, BNP normal

MAIN QUESTION

I think this is due to the complex nature of this virus. She'll likely need time to recover.

Do you have any further recommendations for the dyspnea?

Do you know what is causing the dyspnea in absence of CT findings?



Response from eConsult Specialist

RACHEL JONES, DO, INFECTIOUS DISEASE SPECIALIST

NPI: 1000000003

SUMMARY

Treatment options available to the primary care level,

DETAILS

- Thank you for the consultation on this patient with significant post-COVID conditions (per CDC convention). Symptoms of highest concern for both patient and provider include severe dyspnea on exertion (DOE) and post-exertional malaise. These symptoms are among the most frequently reported in patients with post-COVID conditions (Source: CDC) and can lead to prolonged debilitation, as your patient is experiencing. The workup that was undertaken for this patient was appropriate and thorough. There do not appear to be any objective pulmonary sequelae based on the workup, and cardiac evaluation (ECG and BNP) are unrevealing to date.
- I understand that the echocardiogram results are still pending. It is unclear if a troponin level was obtained to assess for myocardial injury in particular, and if not obtained to date, then would suggest to add this to the patient's diagnostic plan. It would be particularly important to fully assess for a cardiac cause of this patient's ongoing symptoms, even if she was not particularly symptomatic in this organ system during her original infection. It would also not be unreasonable to consider a basic evaluation for an evolved rheumatologic condition following COVID-19 infection (less likely due to patient's age but still possible). Diagnostics to consider would include CRP, CPK, ESR, ANA panel, and rheumatoid factor/anti-CCP.
- Overall, guidance for management of post-COVID conditions is particularly lacking at this time due to limited understanding of this issue (and is a considerable source of frustration for both patients and providers for this reason). Research is ongoing for better answers in this regard.
- In this patient's case, once cardiac abnormalities are confirmed to be ruled out (or improving if present), then it would be reasonable to refer the patient to a physical medicine and rehabilitation specialist for further evaluation and planning for both short- and long-term rehabilitation efforts. (Source: CDC) This patient would likely benefit from a combination of physical, occupational, and cardiac rehabilitation efforts.

Rachel Jones, DO

Rachel Jones, DO, Infectious Disease Specialist

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Response Date Stamp