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Distal microvascular disease as a manifestation of COVID-19 in a young patient

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A 22-year-old male patient was admitted to the emergency unit with high fever. His medical history revealed autism. The patient was suspected to be infected with the novel coronavirus 2019 (COVID-19). Thoracic computed tomography revealed bilateral viral pneumonia. The patient was hospitalized and put on COVID-19 treatment. Polymerase chain reaction and blood tests were positive for COVID-19. Due to deteriorating respiratory functions, he was intubated the following day. Broad-spectrum antibiotics, hydroxychloroquine, favipiravir, and enoxaparin 4,000 IU b.i.d. (with a body weight of 50 kg) was initiated at the at the time of intensive care unit (ICU) admission and continued until the patient was transferred to the infectious diseases ward. On Day 4 in the ICU, tocilizumab was added to the treatment and repeated three days later. The patient was extubated on Day 18 of hospital admission. On Day 25, necrotic bullae were observed on the tip of the toes (Figure 1). The pedal pulses were palpable, and triphasic waveform was present in hand Doppler. However, CT angiography of the lower extremity was performed at the time of control thoracic CT examination. The angiography findings were normal for the peripheral arterial system (Figure 2). We were unable to detect any predisposing factor for the distal toe necrosis, hence, related this clinical presentation to the COVID-19-related microangiopathy in young adults and children which was first reported in China^[1] and later in Italy.^[2]



Figure 1. An image showing toe tip with new-onset and healed hemorrhagic bullae.

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Figure 2. A computed tomography angiography image of lower extremity.

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