

## LONG HAULERS

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**Introduction:** COVID 19 now being considered as a multisystem disease, seems to have farfetched impact on health following recovery from illness. Newer definitions have been put forward in NICE guidelines by British Medical Journal as - Acute Covid 19- Upto 4 Weeks, Post Acute Covid 19 Syndrome – 4- 12 Weeks, Long Covid Syndrome- > 12 Weeks. **Clinical timeline:** A 52 year old diabetic lady who tested positive for COVID – 19, was admitted with complaints of fever, cough and breathlessness for 5 days .On admission, patient was tachypneic and hypoxic, hence started on NIV-CPAP .Investigations revealed leucocytosis, deranged RFT and raised inflammatory markers. On day 2 of admission, she developed Acute Kidney Injury and hence antivirals deferred. On Day 4, due to worsening respiratory status, raised inflammatory markers and deteriorating renal parameters, Inj . TOCILIZUMAB and one dose of CONVALESCENT PLASMA were administered. On 14<sup>th</sup> day, AKI resolved. Oxygen requirement decreased and patient was switched to HFNC. On 28<sup>th</sup> day, her saturation was maintained on NRBM but desaturated while deescalating oxygen requirement . Even on day 40, patient continued to be oxygen dependent maintaining saturation with 8L oxygen through face mask, hence discharged on LTOT , tapering dose of oral steroids and oral anticoagulants **Follow Up:** For the first 4 weeks, patient had mMRC Grade 4 dyspnea and was oxygen dependent throughout the day. In the next month, she had exertional dyspnoea and required oxygen only while sleeping.Currently 13 weeks after being COVID positive , she is able to do routine activities, has mMRC Grade 2 dyspnoea and is on intermittent oxygen support. **Diagnosis:** Long Covid Syndrome, Category C Severe COVID Pneumonia, Resolved AKI, Type 2 Diabetes Mellitus. **Conclusion:** This highlights the importance of long term follow up of patients with COVID infection and the need for establishing Post COVID clinics in all the major hospitals in the state.