

Acute Abdomen in COVID-19: A Rare Image

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Article Type: Clinical Image

Compiled date: August 09, 2020

Volume: 1

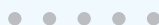
Issue: 4

Journal Name: Clinical Surgery Journal

Journal Short Name: Clin Surg J

Publisher: Infact Publications LLC

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Cite this article: Linhares E, Domenico C, Junior A. Acute abdomen in COVID-19: a rare image. Clin Surg J. 2020;1(4):1–2.

Clinical Image

COVID-19 was first described in Wuhan-China and soon after declaring a pandemic according to WHO. In Brazil, it truly became a health problem, with more than 2 million cases. Clinically, the disease manifests as pneumonia, but abdominal surgeons have been called since the beginning to face acute abdominal syndromes associated with this disease. The most were related to mesenteric lymphadenitis and managed without surgery. But as the disease worsened a more critical presentation presented are related to inflammation, hypoxemia, and hypercoagulability [1].

We report a case of a 74-year-old male with severe COVID in the ICU who presented sudden abdominal distension. The CT scan disclosed the images below suggesting intestinal ischaemia (Figure 1 and 2). He was operated on the same day and in the operation, we found acute pancreatitis with intestinal ischaemia and mesenteritis. The patient died in 48 hours. After reviewing the literature, we found a radiologist update [2,3] reporting some other related images and the mechanism of injury of the GI tract. The virus binds to the Angiotensin-Converting Enzyme 2 (ACE2) receptor in the lung inciting thrombosis. These receptors are expressed at high levels in gastrointestinal mucosa and pancreatic cells plaining the mechanism of local ischaemia.

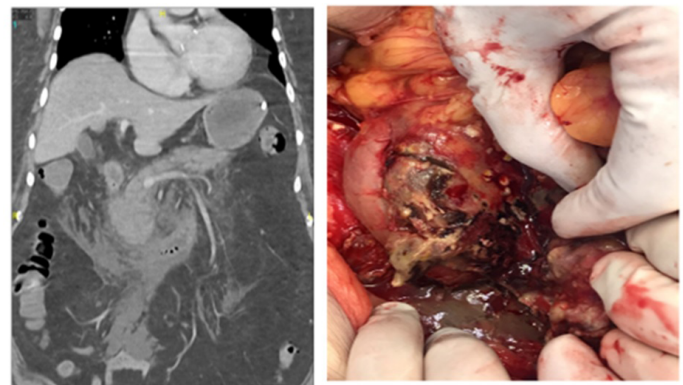


Figure 1: Duodenal Thickening, Necrotic Pancreatitis. Mesenteritis with Hypoperfusion.

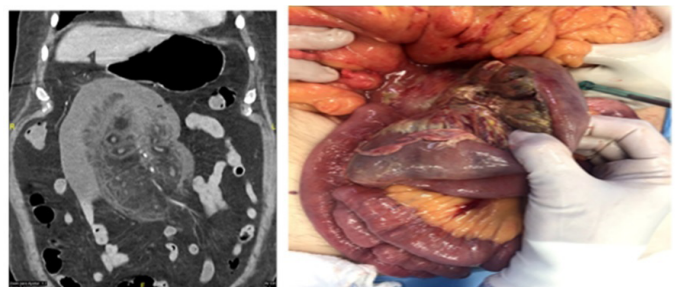


Figure 2: Swollen Mesentery, Enlarged Lymphnodes, Jejunal Hypoperfusion.

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