COVID-19 and congenital long QT syndrome

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Key words:
- SARS-COV-2
- COVID-19
- Coronavirus

A 40 years-old male, presented with four days nausea, loose stools, vomiting, without respiratory symptoms. He has a history of congenital long QT syndrome. On physical examination hippocratic fingers and normal vital signs. Lab results: total cholesterol serum 221 mg/dl, triglycerides 226 mg/dl, glucose 118 mg/dL, a white blood cell count of 5.81 10^9/Liter, neutrophils 4.22 10^9/Liter, lymphocytes 39.93%, D-dimers 612 ng/mL, creatine kinase-MB 22 U/L, lactic acid dehydrogenase 816 U/L, fibrinogen 497 mg/dL, mildly elevated transaminase levels due to alcohol abuse, modified thrombin clotting time, normal renal function, troponin T 7.2 ng/L, ferritin 392 ng/mL, a C reactive protein level of 19 ug/L and erythrocyte sedimentation rate of 45 mm/hr. Electrocardiogram revealed prolongation of the QT interval in excess of 0.49 sec. Normal spirometry values. Negative nasal swab for flu. Nasopharyngeal swab tested positive by SARS-CoV-2 RT-PCR. Chest computed tomography revealed multiple and bilateral patchy ground glass opacities (Figure 1). He received Tocilizumab 8 mg/kg administered as a single 60 minute intravenous infusion, and heparin. After two negative RT-PCR tests at 24 hours interval and thirteen days after onset of symptoms, he was considered clinically recovered and discharged without any complications (Figure 2).

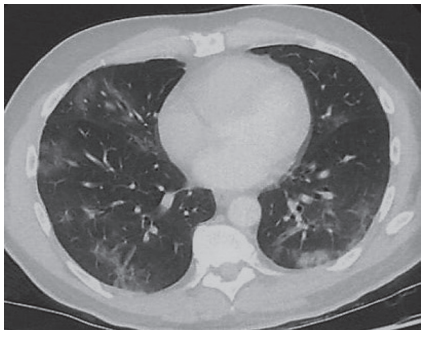

FIGURE 1. Initial Chest CT.

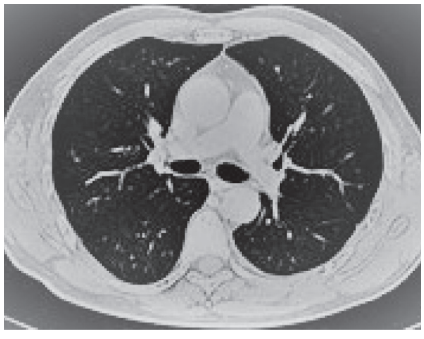

FIGURE 2. F/U Chest CT.

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