Cuando el virus "pintó" una presentación inusual

When the virus "painted" an unusual presentation Marta Azevedo Ferreira, Joana Silva Marques Interne Medicine Department. Hospital Beatriz Ângelo. Loures (Portugal)





An elderly woman in her mid-eighties was admitted to the emergency room with the sudden appearance of purplish lesions. Initially, the lesions appeared on her hands and face and then progressed to her upper and lower limbs, excluding the palms and soles. The patient had tested positive for SARS-CoV-2 nine days prior to admission through a polymerase chain reaction (PCR) test, but she remained asymptomatic throughout, showing no signs of fever, respiratory issues, gastrointestinal problems, or cardiac symptoms. She had not received the COVID-19 vaccine. Laboratory tests revealed mild lymphopenia without anemia or thrombocytopenia. Coagulation tests, blood smear analysis, and protein electrophoresis were normal. Further tests, including blood cultures, viral serologies (HIV, HCV, HBV, EBV, VDRL, and CMV), and autoimmunity markers, all came back negative. Drug-induced purpura was ruled out since there were no recent changes in medication. A chest-abdomen-pelvis CT scan was performed to rule out malignancy, which came back negative as well.

It was determined that the purpura was a complication of COVID-19, and the patient was treated with systemic corticosteroids. She responded excellently to the treatment, and there was no recurrence of the lesions after discontinuing the corticosteroid therapy.

There has been an increasing number of references in the literature regarding dermatological manifestations associated with COVID-19². Various patterns have been described in relation to this pandemic, including pseudo-chilblain, petechiae/purpuric rash, erythema multi-forme-like rash, androgenetic alopecia, vesicular eruptions, urticarial

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When the virus "painted" an unusual presentation. Galicia Clin 2024; 85-1: 38. Recibido: 06/03/2023 ; Aceptado: 13/06/2023 // https://doi.org/10.22546/72/4092 lesions, maculopapular rash, and livedo/necrosis³. The patient in this case exhibited a purpuric pattern associated with vasculitis.

It has been suggested that purpuric lesions, although relatively uncommon, occur more frequently in elderly patients with severe COV-ID-19³, which was not the case with this patient. Despite its primary respiratory impact, SARS-CoV-2 can also cause significant systemic manifestations, including cutaneous symptoms.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

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