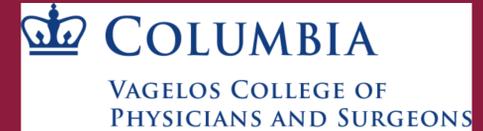


# Defying All Odds: A Case of Mild COVID-19 in an Elderly Patient with Multiple Comorbidities



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## Background

- The COVID-19 pandemic has spread rapidly around the globe, with over 4.6 million total cases identified in the US as of August 2020.
- Clinical course ranges from mild, asymptomatic disease to severe, multi-organ failure and death.
- Older age and comorbidities including diabetes, hypertension, cardiovascular disease, and obesity are linked to more severe infection. Specifically, diabetes is associated with a two-fold increase in mortality and a more severe clinical course, with an increased prevalence of ARDS as well as need for invasive ventilation and ICU admission.
- Protective factors are unknown; nevertheless, studies are ongoing, including examining the relationship between blood type and COVID-19 susceptibility.
- We present a case of an elderly woman who had a mild case of COVID-19 despite multiple uncontrolled comorbidities.

## Imaging



Image 1 Bilateral lower lung interstitial opacities

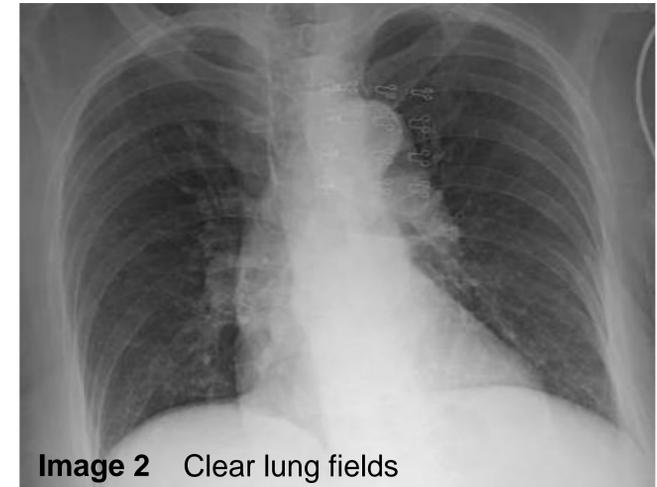


Image 2 Clear lung fields

## Case Presentation

An 80-year-old uninsured, Hispanic female with A+ blood type and history of uncontrolled diabetes mellitus type II, hypothyroidism, class I obesity, and recurrent deep venous thromboses, on Coumadin.

### October 2019

Seen by her primary care physician after not following up for over a year. She had not been taking any medication after running out of refills months prior. At that visit, her Hgb A1C was 13.2% and TSH was 16. All of her medications were refilled, and she was given another appointment for close follow up.

### April 2020

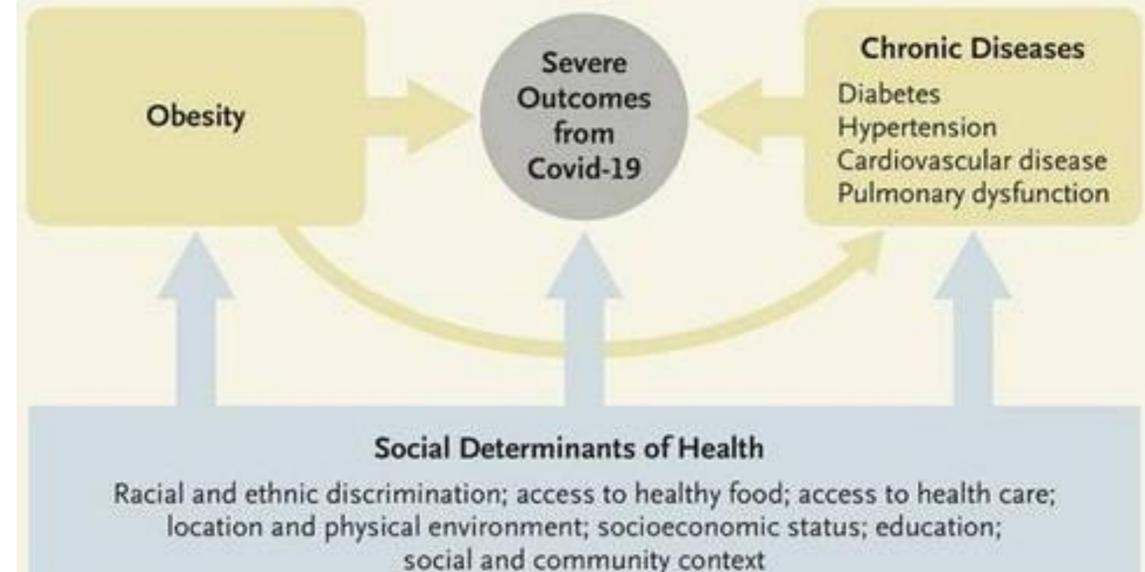
She presented to the ED with fever, cough, and shortness of breath. She was alert with PO2 saturation of 97% on room air, blood pressure 102/79, heart rate of 99, and afebrile. Her physical exam at the time was unremarkable. A chest x-ray (Image 1) showed bilateral lower lung interstitial opacities. Labs showed evidence of uncontrolled diabetes. COVID-19 infection confirmed by nasopharyngeal swab. She was discharged on Azithromycin and made a full recovery.

### July 2020

Lost to follow up until telemedicine appointment. She reported medication compliance but had not checked her INR in over five months.

### August 2020

Presented back to the ED for hyperglycemia. CXR (Image 2) showed clear lung fields and a sub-therapeutic INR at 0.9. She was discharged after receiving insulin and IV fluids.



## Conclusion

- This case is unique in that despite this patient's multiple risk factors that predict more serious infection, she had a mild case of COVID-19.
- Generally, older age, disadvantaged and minority populations, and comorbidities increase risk of more severe disease.
- Studies that examine protective factors are ongoing, including the relationship between blood type and COVID-19 susceptibility; O is proposed as protective and A, as in this patient, is associated with higher risk.
- There is still much to be learned about the interplay of factors dictating severity of COVID-19 disease.
- Cases such as this one that do not follow the expected pattern should be further studied to evaluate for possible protective factors.

## References

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