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RESEARCH ARTICLE

PULMONARY TUMOR REVEALED BY A SUSPICION OF SARS-COV-2 INFECTION

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Abstract

The novel Coronavirus, named SARS-CoV-2, responsible of the COVID-19 is now causing a pandemic. Detecting all possible cases and eliminating differential diagnoses in front of any acute respiratory distress has become a daily challenge for doctors around the world. We believe that non-COVID patients are the hidden victims of the actual health problematic. We report from this manuscript the case of a patient with Bronchopulmonary cancer that has been suspected as COVID-19.

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Introduction:-

The novel Coronavirus, named SARS-CoV-2, is responsible of the COVID-19. It is a viral pneumonia that appeared in December 2019 in Wuhan, China, and is now causing a pandemic. Nowadays, doctors around the world are facing a great challenge, dealing with COVID-19 patients, but also, not misdiagnosing non-COVID patients. In fact, we believe that non-COVID patients are the hidden victims of the actual health problematic. Several patients with respiratory distress are wrongly suspected as Covid-19. Lung cancer is the most common cancer in men living Eastern Morocco and also in the world.

We report the case of a patient with bronchopulmonary cancer that has been suspected as COVID-19 patient.

Case

This is a 56-year-old patient known to be a chronic smoker, admitted on 03/30/2020 for acute respiratory distress with fever associated with a dry cough and slurred speech. Given the current pandemic context, the patient was suspected of having an SARS-CoV-2 infection and was transferred to the intensive care unit dedicated to the management of Covid-19.

On admission, the initial clinical examination shows a conscious non-pyretic patient with a GCS of 14/15, slightly confused and agitated with delusions, in good hemodynamic state, Respiratory rate at 25, the oxygen saturation at 98% without oxygen. Admission gasometry was performed showing mixed alkalosis without hypoxemia, arterial oxygen pressure (PaO₂) at 123,1mmHg. The initial conditioning included, a peripheral venous line (PIV), oxygen mask, a half-sitting position (45 °). The biological assessment revealed an important inflammatory syndrome with CRP at 121.6 mg / L, hemoglobin at 11g / L, hematocrit at 33%, and hypoalbuminemia at 29 g/L without lymphopenia nor hyperferritinemia. The troponin level was normal and high CPK at 802 mg / L. rT-PCR on nasopharyngeal swab did not detect the SARS-CoV-2 RNA. The renal and hepatic function, the electrolytes as well as the plasma procalcitonin were moreover without particularity.

Initial treatment was started with Proton pump inhibitor 40mg per day, and sodium enoxaparin 40mg x2 per day.

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The patient received a chest CT scan showing a left apical lung tumor, with bilateral ground glass opacities.

A second rT-PCR on nasopharyngeal swab performed on 03/31/2020 returned negative, and after stabilization of the neurological and respiratory state, the patient was transferred to the oncology department 2 days from onset.

Discussion:-

Novel coronavirus 2019 (COVID-19) also known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is an enveloped, non-segmented positive-sense RNA virus belonging to the beta-coronaviridae family. This virus is known to cause severe bilateral pneumonia and acute respiratory distress syndrome (ARDS) which can lead to difficulty breathing requiring mechanical ventilation and intensive care unit management.

Bronchopulmonary cancers are a malignant tumor entity, the most common of which are primary and are the leading causes of death worldwide[1]. These cancers are more common in humans and tobacco seems to be the first risk factor accused in their development [2].

The detection of all Covid-19 infections has become a dread for all doctors in the front-line, to limit human-to-human transmission in order to flatten the epidemic curve. This is why in front of any acute respiratory distress, performing a PCR for diagnostic purposes is essential, especially since the symptomatology of Covid-19 is similar to many benign and malignant bronchopulmonary diseases.

Although, typical and atypical CT image findings of COVID-19 are reported in current studies, the CT image features of COVID-19 overlap with other respiratory diseases[3]. The use of imaging can guide the diagnosis, and bronchopulmonary tumor should not be ruled out, especially in a patient over 50 years old known as a chronic smoker, consulting for a respiratory distress[1], [4].

Conclusion:-

The detection of all possible cases of SARS-CoV-2 infection has become a global issue and has caused recently many doctors to suspect Covid-19 in the presence of acute respiratory distress.

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