



Apical Thrombus and Splenic Abscess after COVID-19 Pneumonia

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Keywords

Apical thrombus; Splenic abscess; COVID-19 pneumonia

Clinical Image

A 49-year-old obese man (Body Mass Index 34.6) with hypertension, diabetes mellitus, and hyperlipidemia was hospitalized with Coronavirus Disease 2019 (COVID-19) pneumonia and received steroid therapy. Electrocardiogram showed II IIIaVF elevation 26 days after COVID-19 pneumonia onset. Laboratory findings revealed elevated troponin I (47.2 pg/mL), CRP (10.96 mg/mL) and D-dimer (11.5 µg/mL). Transthoracic echocardiography revealed no ischemic finding and thrombus in the apex (Figure 1A). Enhanced computed tomography revealed a non-contrast area in the apex (Figure 1B) and splenomegaly separated by the plurality of partition walls (Figure 2A). *Enterococcus faecium* was detected in blood culture and splenic pus culture. He was diagnosed with apical thrombus and splenic abscess. He underwent antimicrobial therapy, drainage, and anticoagulant therapy. On day 43, he died of splenic rupture (Figure 2B). COVID-19 can induce infectious disease such as splenic abscess [1] and thrombosis [2]. Clinicians should be careful of complications secondary to COVID-19.

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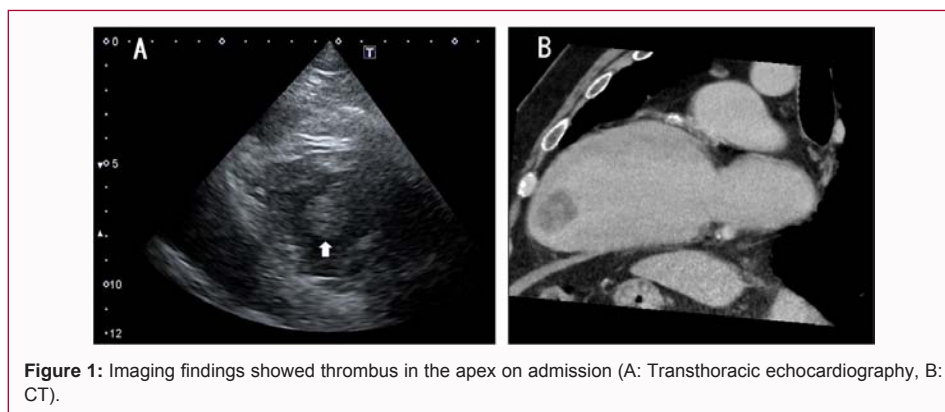


Figure 1: Imaging findings showed thrombus in the apex on admission (A: Transthoracic echocardiography, B: CT).

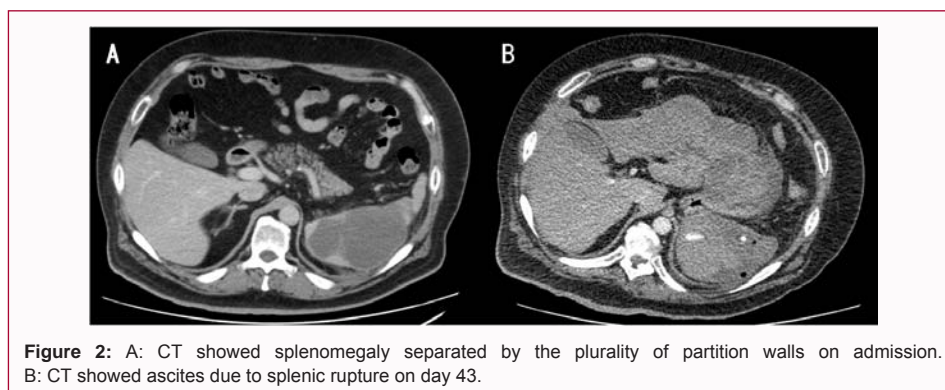


Figure 2: A: CT showed splenomegaly separated by the plurality of partition walls on admission. B: CT showed ascites due to splenic rupture on day 43.

References

1. Al-Ozaibi LS, Alshaikh MO, Makhdoom M. Splenic abscess: An unusual presentation of COVID-19. *Dubai Med J.* 2020;3:115-8.
2. Connors JM, Levy JH. COVID-19 and its implications for thrombosis and anticoagulation. *Blood.* 2020;135:2033-40.