POST-COVID-19 REACTIVE ARTHRITIS – CASE REPORT

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BACKGROUND

The triggering mechanisms of the sequelae of COVID-19 are still unknown in many cases, but as it is a pandemic, case reports for the exchange of experiences are important for the development of coping strategies for these cases, since such consequences may occur on a large scale. This work aims to contribute to the scientific community, demonstrating an autoimmune picture probably induced by SARS-CoV-2 and a successful therapeutic strategy.

CASE REPORT

Female patient, 87 years old, hypertensive, sought the rheumatology service complaining of arthralgia in the right ankle, knee, wrist and shoulder. These symptoms appeared about 15 days after SARS-CoV-2 infection. On physical examination, she presented synovitis in the right knee and ankle. Brought an image and a chest tomography report with findings related to COVID-19, such as areas of ground glass and consolidation throughout the both lung lobes, with thickening of the bronchial walls, affecting < 50% (findings related to COVID-19). Laboratory tests showed a significant increase in markers of inflammatory activity with ESR = 90 (VR < 20) and CRP = 18 (VR < 6); however, with negative or insignificant results in the autoantibody screening, it was observed: FR < 8, anti-CCP negative, 1/80 nuclear ANA dense fine speckled and absent HLA-B27. Other biochemical tests of blood and urine showed no changes, as well as negative viral serology for hepatitis B, C and HIV. Having as a diagnostic hypothesis post-COVID-19 reactive arthritis, prednisone 20 mg/day was prescribed for 30 days. On return, the patient already reported no pain and had ESR = 20 and CRP < 6, thus weaning from prednisone was performed.

CONCLUSION

The case presented above reaffirms the hypotheses recently raised by the scientific community, which suggest that SARS-CoV-2 has the ability to induce systemic autoimmune diseases, in this case reactive arthritis was the pathology triggered.

KEYWORDS

Reactive arthritis, SARS-CoV-2, Covid19, Autoimmune.