

Diagnostic dilemma, an incidental diagnosis of COVID 19

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ABSTRACT

COVID 19 or SARS-CoV-2 infection was first reported in December 2019 in Wuhan City of China. Since then, it continues to spread globally and has been declared a pandemic. These patients present predominantly with respiratory complaints; however, in this article, we describe a case that was detected incidentally during workup of another suspecting diagnosis. We also elaborate on the benefits and importance of rapid testing.

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1. Introduction

As more information is pouring all around the world, there are still many unknowns about COVID 19 in the 2020 pandemic. Here is a confirmed case of SARS-CoV-2 infection which was incidentally detected in a patient who presented in the emergency room with fever and abdominal pain suspicious of a genitourinary stone and urinary tract infection. This case also emphasizes on how performing rapid testing in all patients getting admitted to hospital can help in isolating patients with atypical features of COVID 19 earlier during their course of hospitalization thereby preventing exposure to healthcare providers.

A 49 years old patient presents to the ER in the early hours with complaints of abdominal pain and fever of 2 days. Vitals on triage were BP 114/69, HR 70, Temp 101.3, RR –16, and SpO₂ 97%. Complete blood counts and chemistry were unremarkable. The rest of the workup included abnormal urinalysis which showed 20–30 white cells and packed RBCs. A CT abdomen was obtained which showed 2.7 mm possibly obstructing ureteral stone. CT also revealed infiltrates in lower lobes of the lungs bilaterally consistent with atelectasis or pneumonia. This prompted the ER team to obtain a chest X-ray thereby revealing diffuse ground glass opacities bilaterally. A thorough review of systems did not include any pertinent respiratory symptoms, but she did complain of a new sour taste in mouth. However, she described working at a factory where an outbreak of COVID 19 was recently reported. We now had a patient who presented with intermittent high-grade fevers and non-specific abdominal symptoms, the etiology remained confusing between a possible urinary tract versus SARS-CoV-2 infection.

Patient was admitted for observation with contact and droplet precautions. Further review with urology revealed the genitourinary stone was nonobstructive and her urine cultures eventually resulted in no significant bacterial growth. In the meanwhile, PCR for COVID 19 came back positive hence clarifying her symptoms were secondary to COVID 19 and UTI was ruled out. This was somewhat unusual as she had no respiratory symptoms. Unfortunately given her unusual presentation, she remained in the ER for several hours without isolation precautions.

2. Discussion

COVID 19 or SARS-CoV-2 infection was first reported in December 2019 in Wuhan City of China. Since then, it continues to spread drastically throughout the globe. As of June 19th, there are about 8.24 Million cases diagnosed worldwide with a vast majority of them in the USA. Some common symptoms of this disease include fever, cough, sore throat, shortness of breath, myalgias, headaches, nausea/vomiting, and diarrhea. Rarely, symptoms like hyposmia and anosmia have been reported [1]. Over the last three months, a few case reports have also been published which describe asymptomatic nature of this disease in patients where this infection was detected incidentally. One of these reports describes an oncology patient in whom pulmonary findings concerning for COVID 19 were radiologically identified while undergoing workup for lymphoma [2].

In this article, we highlight two major concerns. First, not all COVID patients will have typical respiratory symptoms. This patient presented with a high suspicion for a urinary tract infection with an obstructing stone and had no respiratory symptoms at all. Second, our case also highlights the need to test

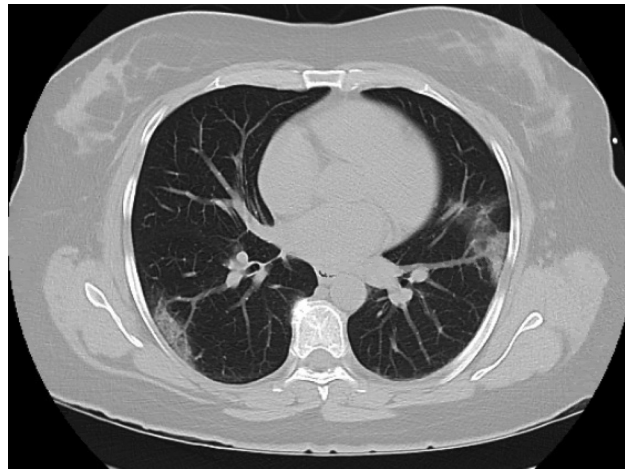


Figure 1. Lower lung window from CT abdomen; bilateral infiltrates.



Figure 2. Chest X-ray PA view; bilateral patchy infiltrates.

all patients getting admitted to the hospital. Rapid testing will help nursing staff triaging and isolating patients more effectively.

3. Conclusion

This case highlights several important aspects in managing COVID 19 patients. It emphasizes the need to screen all patients and potential visitors entering the hospital with a rapid test. Rapid testing would eventually help triaging patients better and reduce use of personal protective equipment. It also highlights the atypical nature of this disease and not all patients will have a cough or shortness of breath. The case we described above was an incidental diagnosis while investigating another provisional diagnosis. This makes you wonder how asymptomatic spread is

potentially exposing many healthcare frontline workers and the community.

Disclosure statement

No potential conflict of interest was reported by the author.

References

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