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Atypical Clinical Findings in Patients with Variants B.1.6.617.2 (Delta) and B.1.621 (Mu) of SARS-COV2 in Oaxaca

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Abstract

The clinical management of five cases with atypical manifestations of Covid-19 is presented, the first epistaxis associated with hemorrhagic cystitis; second, dysgeusia with non-catamenial metrorrhagia; third, vestibular neuritis with acute cerebellitis; fourth, acute polyneuropathy of the

trigeminal nerve, cochlear vestibule and facial; fifth, acute symmetric distal sensory-motor polyneuropathy associated with micro-albuminuria. Two cases corresponded to the delta variant and three to Mu.

Keywords: Coronavirus, Epistaxis, Neuritis, Neuropathy, Vascular Disease

Introduction

Sr. Editor, in the care of the patient with Covid-19 it is important to establish the genetic variant to start a personalized treatment. In the population of the Sierra Sur de Oaxaca, of 1176 patients with Covid-19 attended on an outpatient basis during the period March 2020 to April 2022, five clinically atypical cases were found that presented clinical manifestations that were not found in any of the rest of the cases. treated, none of them presented respiratory symptoms associated with Covid-19. The first case was a carrier of epistaxis associated with hemorrhagic cystitis; second, dysgeusia with non-catamenial metrorrhagia; third, vestibular neuritis with acute cerebellitis; fourth, acute polyneuropathy of the trigeminal nerve, vestibulo-cochlear and facial; fifth, sensory-motor distal symmetric acute polyneuropathy associated with microalbuminuria, with no data of metabolic syndrome. The first two cases are carriers of the B.1.6.617.2 (delta) variant, aged 22 and 31, who were managed with etamsylate 50 mg ampoule every 8 h for 10 days.

If we consider that Covid-19 infection presents with a thrombophilic state, administering etamsylate was a wise decision since it does not increase the risk of thrombosis and does not affect fertility¹. The third was managed with piracetam/dihydroergocristine 20g/0.0395 8ml every 12h for one month, considering that there were no contraindications such as stroke.² The fourth and fifth cases were treated with pergabalin 75mg every 12h and calcium dobesilate 500 mg as well as losartan 50 mg every 12 h, based on the fact that Covi-19 produces microangiopathic damage, and these last two drugs reduce albuminuria.³ The three male cases, aged 19, 27 and 35, were carriers of variant B. 1,621 (Mu) of SARS-CoV-2. These treatments were complementary to the protocol based on ivermectin 6 mg every 12 hours for 3 days, OM85 one oral capsule every 12 hours for 30 days, extended-release pifrenidone 600 mg every 12 hours, and interferon 1beta one tablet every 12 hours and lipinavir with ritonavir twice. tablets every 12 hours for 14 days. It should be noted that the medications handled were those that were available in rural areas for the management of Covid-19, there were no adverse effects as in the case of ivermectin. Clinical cases could be corroborated by clade-specific TaqMan probes by qRT-PCR, and corroborated by genomic sequencing. Currently, at the epidemiological level, the variant B.1.6.617.2 (delta) and B.1.621 (Mu) are not the most common worldwide, but the findings found can give us a clinical indication of which variant of Covid-19, especially in rural areas or in first contact clinics where there is no genomic sequencing for the detection of SARS-Cov-2, a fact that is important to immediately start an adequate and personalized treatment to avoid complications such as prolonged covid-19 .4 In this report we present clinical association and genomic surveillance.

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