


Ex-Patients with COVID-19: Observations after Healing and Its Consequences*

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Abstract

During the SARS-Cov-2 or COVID-19 clinical course pandemic of the coronavirus family, we observed symptoms of the respiratory tract, fever, cough, sore throat, and fatigue. The most common symptoms were loss of smell and taste and, when aggravated, it could develop into pneumonia and even death. We selected 40 former COVID-19 patients, who answered a questionnaire with questions about the symptoms and complications after they were cured and which symptoms remained or appeared after the total isolation quarantine for a specific time. Among the answers, the most cited was about “forgetting”. Another observation noted was the number of cases in children, which surprised us, considering that, at the beginning of the pandemic, the danger was more related to the elderly population and those with comorbidities.

Keywords

Corona, COVID, Disease, Infection, Pandemic, Pneumonia, Thrombosis

1. Introduction

When we had contact with people who had PCR, IGG and IGM altered, indicating the diagnosis of COVID-19 [1], we observed comments that were part of the known or already published clinical complaints as causes of “neurological injuries” and permanent loss of smell [2]. As we have already passed 6 months of the pandemic, we thought it was good to prepare a questionnaire aimed at those considered cured to confirm the clinical diagnoses that have disappeared or not. The surprise was that some of the complaints were not on the list known to epi-

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demologists or researchers who were attentive since the beginning of the pandemic [3]. This research was based on information provided by patients only from the Midwest Region of Brazil, more precisely in the State of Goiás, where several cases appeared, with some deaths, between March and September 2020 [4].

During this research, we observed a few answers like no clinical, asymptomatic, or no symptoms. The age of the interviewees ranged from 30 to 60 years old, not including children. There was no conflict of interest, given the care of the team, in addition to having the authorization of all participants, through the informed consent term.

This systematic review shows the potential effects of different types of CoV on the nervous system and describes the range of clinical neurological complications that have been reported so far in COVID-19. We reviewed two hundred and twenty-five studies. Two hundred and eight articles were relevant to COVID-19. The most common neurological complaints in COVID-19 were anosmia, ageusia, and headache, but more serious complications such as stroke, impaired consciousness, seizures, and encephalopathy, were also reported [5].

In the work of Prof. Vakili (2020), he states that the objective of this meta-analysis is to assess the prevalence of the most common symptoms and complications of COVID-19. Thirty studies were in the meta-analysis, including 6389 infected patients. The prevalence of the most common symptoms was: fever, cough, dyspnea, fatigue, and diarrhea. The most prevalent complications were acute respiratory distress syndrome (ARDS), acute cardiac injury, arrhythmia, heart failure, and acute kidney injury (AKI) [6]. In this paper, we observed that 100% of the cases studied had adverse symptoms.

Prof. Munhoz (2020) aimed to review the literature on neurological complications of SARS-CoV-2 infection. The literature search was carried out following guidelines for systematic reviews, using specific keywords based on the neurological complications of COVID-19 described until May 10, 2020. Forty-three articles were selected, including descriptions ranging from common and nonspecific symptoms, such as hyposmia and myalgia, to more complex and life-threatening conditions, such as cerebrovascular diseases, encephalopathies, and Guillain-Barré syndrome [7].

Prof. Leung (2020) shows the current evidence on short-term damage and assesses the potential long-term damage risk of COVID-19. As a result, different body systems were affected: immune system, respiratory system, cardiovascular system, neurological system, and also cutaneous and gastrointestinal manifestations, liver and kidney failure [8].

2. Material

We listen to 40 patients, between 30 and 60 years old, men and women, with positive confirmation after exams of CRP, IGG, IGM, and IGA [9]. In addition to the 4 previous tests mentioned, they had complete blood count, coagulogram,

urea, creatinine, glucose, cholesterol, and imaging tests. Of the 40 patients, 36 had undergone tomography and 25 had magnetic resonance imaging [10]. In almost all cases, we observed small pulmonary changes, ranging from 30% to 50% of the affected lung area. The most common protocol used for treatment was Ivermectin 6 mg (1 tablet for every 30 kg of body weight per day); Hydroxychloroquine 400 mg (1 tablet daily); Azithromycin 500 mg (1 12/12-hour tablet), all for 5 days. Associated with this, they included 1 vitamin D-3 tablet per week; 1 tablet of Vitamin C 1 g per day; and 1 Zinc tablet 30 g daily, all for 2 months. Some patients used Acetyl Salicylic Acid (ASA) less frequently; and corticosteroids [11] for cases of pneumonia. We found that patients who had undergone prophylactic treatment with Ivermectin, following the amount according to body weight, even having positive tests for COVID-19 [12], the clinic was non-existent or minimal, with few cases of lung diseases. The general question was: “What are the consequences that you observed after being cured of COVID-19, about”: The topics asked were: 1) Brain functions (regarding the organization of reasoning/synthesis capacity/attention/memory); 2) Learning (reading/concentration/memories); 3) Physical and Mental Attitudes (anguish/mood/exercises/work activity/depression); 4) Use of post-treatment medications (the medications they continue to take and others that have been added by the doctor); and 5) Changes in habits and lifestyles (adaptations to everyday tasks).

Regarding the number of times, the words most found in the answers were (Figure 1).

What we do not know is whether the changes present at the moment will disappear or remain as sequels for an indefinite period. During this research, we were unable to measure and affirm changes, such as cardiac involvement, respiratory failure, hypoxemia, vascular disease [13], systemic inflammation, and clinical relapses. Therefore, we opened the field to a new questionnaire covering late observations soon. Together with the questionnaire, the selected sample was enough to observe more serious symptoms, but it is important to note that, to date, we have had no cases without any type of complaint.

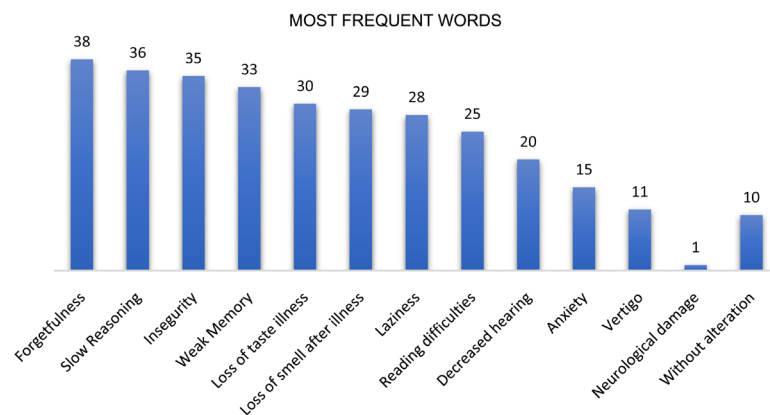


Figure 1. Most frequent words found in the answers.

3. Discussion

The field of discussion is wide because we do not know if the virus has been modified in the laboratory or the virus will respond according to the cases studied to date. In the observation of the patients, when answering the questionnaire, we wrote down some phrases and questions made by the interviewees, which left us in doubt as to how to present them. Here are the most said:

- "I have no attitude!"
- "I'm slower!"
- "I don't feel like anything!"
- "Doctors don't know anything!"
- "I got it from my mother who died!"
- "Why don't they do necropsy of the dead people?"
- "Is death due to viruses or bacteria?"
- "I feel fatigued!"
- "Today, I am a weaker person!"
- "I think it was because I was doing prevention with ivermectin!"

There were a few cases that we heard they did not feel anything. The question that science won't answer for long is how and why this virus came about. What was its intention? Will there be a recurrence? Whoever had it is immune and won't need a vaccine? All of these questions will be the subject of discussion. We are sure that there will still be hundreds of researches on this topic that has affected the world population. We are waiting for the end of the pandemic to prepare an article with a greater number of samples, even though we realized that it is of great value to communicate that cases of post-COVID-19 symptoms have already been detected.

4. Conclusion

At the moment, we cannot say that it is a conclusive study, but there were deaths, people cured without sequelae, and people cured with some kind of consequence, because we do not know if, in the future, complaints will appear or diagnoses may be linked to this virus. With more cases studied, we may have more measurement indicators to include in a future article.

We took the opportunity to give our feelings to the families of loved ones who, unfortunately, unable to resist and, on the other hand, congratulations to those who won this fight, overcoming yet another obstacle in life.

We put all the questionnaires answered together with the Informed Consent Term of each patient.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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