3rd International Conference on
Virology, Infectious Diseases and COVID-19
October 24-25, 2022/ Holiday Inn Express Dubai - Safa Park, an IHG Hotel

Mutaz Kamal Alhamshary

Mutah University, Jordan

Post Covid-19 Reactive Arthritis Case Report

Reactive arthritis is a type of arthritis that occurs because of an infection. Arthritis is when joints become inflamed and painful. Reactive arthritis is not contagious. It develops most often between ages 20 and 50. Reactive arthritis is not contagious, but it's caused by some infections that are contagious. The infections that most often cause the disease are spread through sexual contact from the bacterium Chlamydia trachomatis. It can cause infections in the bladder, urethra, penis, or vagina.

Other infections that can cause reactive arthritis to infect the bowel. One cause is salmonella. This infection can come from eating food or handling objects that have the bacteria.

On the other hand The coronavirus disease 2019 (COVID-19) pandemic has resulted in a growing population of individuals recovering from severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Accumulating observational data suggest that these patients may experience a wide range of symptoms after recovery from acute illness, referred to by several terms including "long COVID," "post-COVID conditions," and "postacute sequelae of SARS-CoV-2 infection (PASC)." Some aspects of this recovery may be unique to COVID-19, but many appear to be similar to recovery from other viral illnesses, critical illness, and/or sepsis

a 65 years old female was hospitalized for 50 days due to covid19 chest infection that was complicated by Acute Respiratory Distress Syndrome (ARDS) managed with intubation. SHe had a personal history of type 2 diabetes and obesity (BMI = 38 kg/m2) and family history of hyperthyroidism .after discharge she complained of a bilateral wrist pain along with right hip and knee pain .she had never complained of such a symptoms which she developed 4 weeks after a negative covid-19 PCR test (repeated twice). due to recurrent fever and the development of a swollen, warm right knee, she was readmitted to the hospital to rule out septic arthritis . following her admission , Laboratory studies showed elevated inflammatory markers, negative extensive infectious disease workup, and aseptic inflammatory right knee synovial fluid. also, she tested negative for the common antibodies seen in immune-mediated arthritides(anticcp,Anti smith , Anti histone, p-ANCA and C-ANCA, as well as for common gastrointestinal tract pathogens responsible for viral arthritis. from her lab tests and the medical presentation we deemed that her presentation is consistent with ReA. The patient received a course of oral corticosteroids, followed by a second course due to the recurrence of symptoms weeks after initial treatment and recovery. The current body of medical literature on SARS-CoV-2 pathophysiology supports plausible mechanisms on how this infection may induce ReA. Such a scenario should be considered in the differential of COVID-19-recovered patients presenting with polyarthritis as prompt steroid treatment may help patient recovery.

http://doi.org/10.51219/URForum.2022.Mutaz-Kamal-Alhamshary ISBN: 978-1-8382915-5-6