



# COVID-19 in 36-year-old Pregnant Female causing Debility; A Case Report.

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## Case Description

The patient presented to SUNY Downstate Medical Center with complaints of cough and increasing shortness of breath. Patient states these symptoms were associated with decrease oral intake and subjective fevers. Of note, patient is 31 weeks pregnant with first child. Initial chest x-ray imaging demonstrated scattered bilateral multifocal peripheral ground glass opacities, findings concerning for viral pneumonia. On hospital day 3, patient required increasing oxygen requirements leading to intubation. Patient necessitated an emergent cesarean delivery in which the neonate was sent to the NICU for prematurity monitoring. Patient remained intubated, for which she received Azithromycin, Hydroxychloroquine and Ceftriaxone per Infectious Disease. Patient subsequently extubated on hospital day 9. Patient reported extensive weakness and difficulty with ambulation.

## Assessment

On initial functional assessment, patient demonstrated 4-/5 muscle strength in all extremities. Upon performing balance skills training patient displayed fair static standing balance and poor dynamic standing balance. Ambulation required rolling walker as gait was ataxic in nature. Exercise diminished patient's oxygen saturation to 86%-92%. However, with continued training patient tolerated therapy under room air. Patient discharged home with rolling walker and supervision by family.

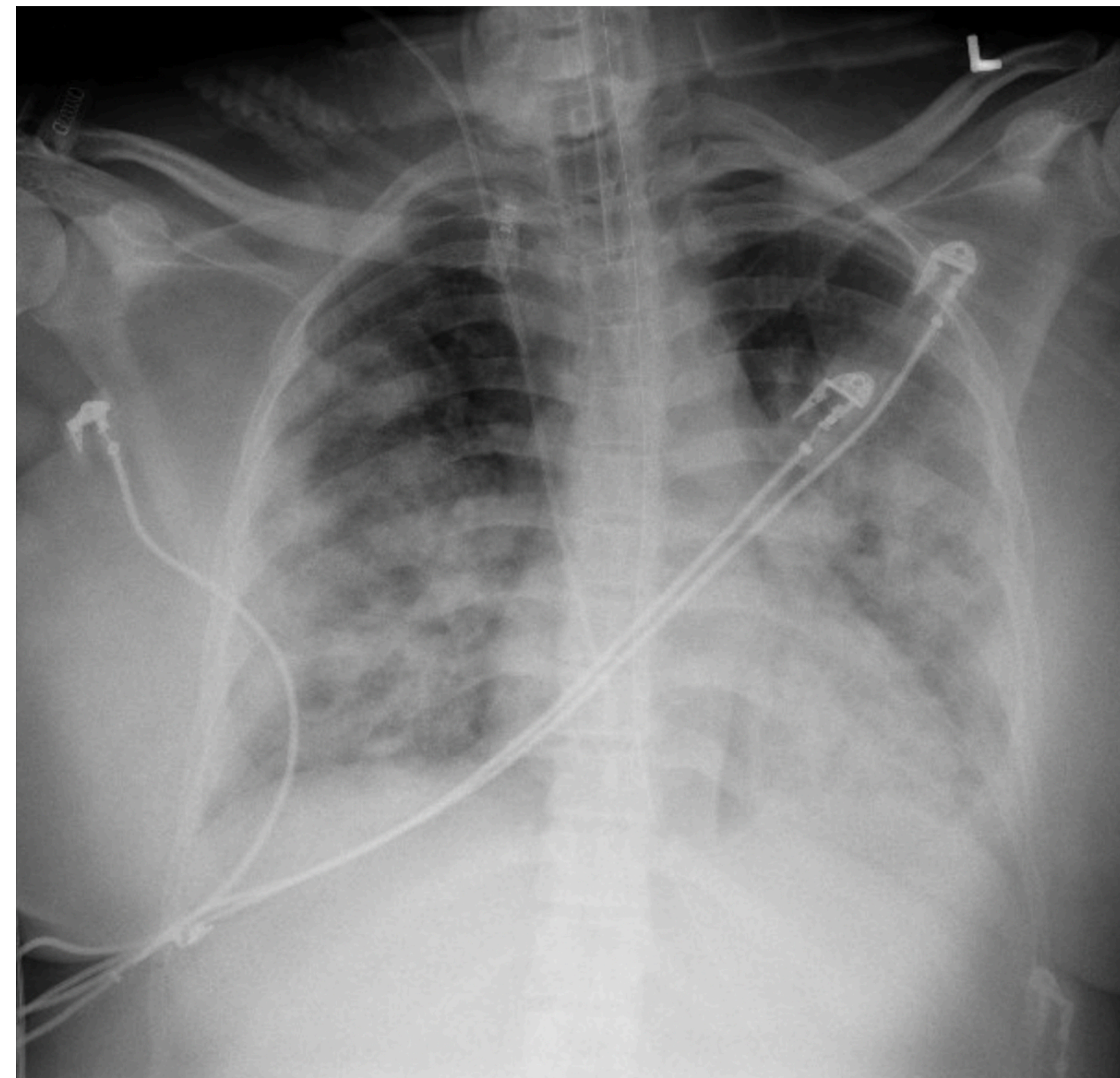


Figure1: Chest x-ray demonstrating persistent ground-glass opacities status post emergent cesarian section. (SUNY DMC)

## Discussion

The compound stress of pregnancy and infection from COVID 19 requiring ICU level of care may lead to debility and poorer functional outcomes . This patient was found to be significantly weaker than her baseline with decreased exercise tolerance and poor balance. She was independent in ambulation prior to this illness and now requires a rolling walker to ambulate.

## Conclusion

As data continues to evolve on COVID-19, special populations such as those who are pregnant, may develop worse functional outcomes and require more physical therapy to recover from this viral illness. In addition, prevention and isolation guidelines should be established specifically for pregnant females so we can mitigate the contraction of COVID-19.

## References

1. Martini AE. COVID-19 in pregnancy. *Glob Reprod Health*. 2020;5:10.1097/GRH.000000000000047. Published 2020 Sep 11. doi:10.1097/GRH.000000000000047
2. Capobianco G, Saderi L, Aliberti S, et al. COVID-19 in pregnant women: A systematic review and meta-analysis. *Eur J Obstet Gynecol Reprod Biol*. 2020;252:543-558. doi:10.1016/j.ejogrb.2020.07.006