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| **Serial number, Age (yrs),**  **Sex** | **Underlying medical conditions** | **Time to onset after Covid-19 test negativity** | **Clinical signs and symptoms,**  **Final Dx** | **Abnormal**  **Laboratory parameters (peak)** | **Imaging** | | **Treatment** | | **Outcome and length of stay** | |
| 1) 50-55/ Female | Hypertension | 6 days after discharge from hospital.  16 days | Unresponsiveness, fever  Right hemiplegia  Mutism, Anasarca, Melena  Oral mucositis.  Acute left vertebral artery occlusion with posterior circulation artery-artery embolism, non-oliguric renal failure, acute hepatitis, Anemia, Thrombocytopenia | Hb-7 gm ((12 – 15 gm/dl)  Platelets- 70 (150-450 K/uL)  TLC -26.4 (4-11 K/uL)  ALC- 0.6 (1-3 K/uL)  ANC- 25.2 (2-7 K/uL)  CRP-51 (< 5mg/L)  D-dimer-8770 (< 500 ng/ml)  Ferritin-1832 (20 - 250 ng/ml)  Fibrinogen 530 (175 – 400 mg/dl)  LDH-4042 (135 – 214 U/L)  AST-83 (< 34 U/L)  ALT-70 (< 31 U/L)  Creatinine- 4.4 (0.6-1.1 mg/dl)  ANCA- negative  ANA- negative  DCT - positive  Blood/ Urine cultures –negative  ECHO-Normal  SARS-CoV-2 RT PCR negative | MRI brain - Acute infarcts in posterior circulation territory, involving both cerebellar hemispheres, right middle cerebellar peduncle, vermis, right Hemi pons, bilateral thalamus, left occipital lobe & left occipitotemporal areas with hemorrhagic transformation.  . | | Aspirin  IVMP,  IVIG, Plasma exchange | | Still hospitalized  Aphasia, right hemiparesis.mRS-5 | |
| 2) 60-65/Male | Hypertension | COVID reinfection.  Partial COVID-19 vaccination status  (1st infection was 7 months earlier and 1st dose of vaccination was 1 month earlier) | Fever, Acute right hemiplegia, global aphasia  Large vessel occlusion | TLC – 6.1 (4-11 K/uL)  ALC- 0.9 (1-3 K/uL)  ANC- 4.3 (2-7 K/uL)  CRP- 280 (< 5mg/L)  D-dimer- 18060(< 500 ng/ml)  Ferritin-1291 (20 - 250 ng/ml)  Fibrinogen- 704 (175 – 400 mg/dl)  LDH- 700 (135 – 214 U/L)  ALP – 1823 (  Creatinine-1.5 (0.6-1.1 mg/dl)  ECHO-Normal  CSF –TC 10 cells/cmm3, protein- 48 mg/dl, CSF- SARS-CoV-2 RT PCR negative  SARS-CoV-2-RT PCR positive on day 5 | CTA – occlusion of left ICA at origin, absent left PCA.  MRI- multiple infarcts left PCA, left MCA, right frontal area, recanalized left PCA, persistently occluded left ICA from origin | | Tenecteplase IV, Aspirin, Clopidogrel,  Enoxaparin s/c  3% NaCl  Levetiracetam | | mRS-5 | |
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| 3) 25-30/Male | None | 8 weeks | Fever  Chest tightness and vomiting  Tachycardia  Tachypnoea  Myo pericarditis Hepatitis Acute Kidney Injury  Oligoarthritis  8 days later transverse myelitis. | TLC- 15.4 (4-11 K/uL)  ALC- 1 (1-3 K/uL)  CRP-20 (< 5mg/L)  D-dimer-1881 (< 500 ng/ml)  hS Troponin I -25 (<13ng/mL)  BNP 810 (<100 pg/ml)  Ferritin-1107 (20 - 250 ng/ml)  AST-157 (< 34 U/L)  ALT-343 (< 31 U/L)  Creatinine 2.24 (0.6-1.1 mg/dl)  CPK-464 (25 – 170 U/L)  CSF- TC 3 cells/cmm3, Protein 30mg/dl., CSF- SARS-CoV-2 RT PCR negative  ECHO- ECHO - RA/RV dilatation, Mild TR, IVC plethoric, mild pericardial effusion, good LV function.  SARS-CoV-2 RT PCR negative on admission | CT chest; Moderate bilateral pleural effusion with passive atelectasis of basal segments of lower lobes. RV appears dilated with prominent main pulmonary artery. However no definite evidence of any thrombus or embolus within the PA.  CT brain normal  MRI brain-Normal  MRI spine- hyperintensity involving the lower thoracic cord and conus | | Oral Prednisolone 1 mg/ kg.  Colchicine. Tablets  IVMP. | | Discharged in 50 days  mRS -0 | |
| 4) 60-65/ Female | None | Right hemiplegia, global aphasia at the onset. Presentation with a stroke.  Hypotension requiring vasopressors. | Fever, dry cough, hypotension requiring Noradrenaline, left ICA occlusion | D-dimer –1300 (< 500 ng/ml)  Fibrinogen-481 (175 – 400 mg/dl)  Ferritin-600 (20 - 250 ng/ml)  CRP-98 (< 5mg/L)  SARS-CoV-2 RT PCR positive on day 2. | MRI- Large, acute left MCA territory infarct. MRA-thrombotic occlusion of left cervical ICA extending into the intracranial segments of left ICA and left MCA  CT Thorax-  Patchy subpleural ground-glass opacity with interlobular septal thickening predominantly involves bilateral upper lobes / lower lobes and inferior lingula. CO RADS 3. Cardiomegaly with enlarged left atrium and left ventricles. Prominent pulmonary veins were noted. | | Attempted mechanical thrombectomy.  DSA-occlusion of left ICA at origin which was opened, with tandem with thrombus in the cavernous segment and due to tandem occlusion, which could not be retrieved. | | Discharged after 17 days  mRS-4 | |
| 5) 40-45/Male | None | COVID-19 infection | Unresponsiveness, fever  Left MCA stroke, Left ICA occlusion  Acute kidney injury  Hypotension requiring vasopressors  Rhabdomyolysis | CRP 112 (< 5mg/L)  Creat –5.6 (0.6-1.1 mg/dl)  LDH- 525 (135 – 214 U/L)  ALC-0.9 (1-3 K/uL)  CPK-49581 (25 – 170 U/L)  D-Dimer- 8350 (< 500 ng/ml)  Ferritin-1340 (20 - 250 ng/ml)  Troponin –86.9 (< 13 ng/L)  BNP- 347 (<100 pg//ml) | MRI –large left MCA infarct, Left ICA, MCA occlusion | | Antiplatelets, mannitol, Dexamethasone | | Death  mRS-6 | |
| 6) 35-40/Male | None | Recent COVID-19 infection 12 days ago. | Fever, Aphasia,  Left ICA embolic occlusion  Left orbital infarction syndrome | D-dimer 960  ALC – 0.6  SARS-CoV2 antibodies-positive. | CT- hyperdense Left MCA sign  MRI – left MCA territory infarct  Repeat CT day 2- left orbital muscle enlargement, proptosis  Repeat MRI- left optic nerve / choroidal infarction. Enlarged orbital muscles, consistent with OIS | | DSA- left ICA terminus occlusion, TICI 2a recanalization achieved, Decompressive craniectomy  Dexamethasone | | mRS-5 | |
| 7) 40-45/ Male | Smoker | Partially vaccinated status (Covishield 1 dose 10 days earlier) | Fever, Cough  Rt sided weakness at onset | LDH –613  D-dimer –2250  ALT 129  AST 67  ECHO- EF 55% (midly reduced)  SARS-CoV2 RT-PCR positive on day 3. | | CT brain- multiple infarcts, abnormal meningeal enhancement  MRI brain- scattered micro and macro hemorrhages in the cerebellar and cerebral white matter. Scattered gyriform leptomeningeal enhancement | | Low molecular weight hepain, Apixaban  Dexamethasone | | mRS- 1 | |
| 8) 30-35/ Female | Congenital heart disease (tetralogy of fallot) operated in early childhood. | COVID-19 20 days earlier | Fever, left upper neck swelling, tachycardia, hypotension, delirium, Rhabdomyolysis, Critical illness myoneuropathy | CRP 173 (< 5mg/L)  Creat 2.4 (0.6-1.1 mg/dl)  LDH- 2500 (135 – 214 U/L)  ALC- 700 (1-3 K/uL)  CPK- 8500 (25 – 170 U/L)  D-Dimer- 9060 (< 500 ng/ml)  Ferritin- 1523 (20 - 250 ng/ml)  Troponin –386.9 (< 13 ng/L)  BNP- 378 (<100 pg//ml)  NCS- Severe axonal motor-sensory polyneuropathy  EMG- scattered denervation in distal lower limb muscles. | | MRI brain normal  CT thorax- subsegmental pulmonary embolism, lower lobe fibrosis. | | IVMP 2gm/ day x 3 days  IVIG  Hemodialysis  Plasma exchange | | mRS-5 | |

Abbreviations; TC- total WBC count, ALC- absolute lymphocyte count, DCT- direct Coomb’s test, RV- right ventricle, MRA – Magnetic resonance angiogram, CO RADS- COVID-19 Reporting and Data System (CO-RADS), IVMP- IV methylprednisolone mRS- modified rankin score, GCS-Glasgow coma scale, ONSD- optic nerve sheath diameter NCS- nerve conduction study, OIS- orbital infarction syndrome.