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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, feverRight hemiplegiaMutism, Anasarca, MelenaOral 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- negativeANA- negativeDCT - positiveBlood/ Urine cultures –negativeECHO-NormalSARS-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. . | AspirinIVMP,IVIG, Plasma exchange | Still hospitalizedAphasia, 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 aphasiaLarge 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-NormalCSF –TC 10 cells/cmm3, protein- 48 mg/dl, CSF- SARS-CoV-2 RT PCR negativeSARS-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/c3% NaClLevetiracetam | mRS-5 |
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| 3) 25-30/Male | None | 8 weeks | FeverChest tightness and vomiting TachycardiaTachypnoeaMyo pericarditisHepatitisAcute Kidney InjuryOligoarthritis8 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 negativeECHO- 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 normalMRI brain-NormalMRI spine- hyperintensity involving the lower thoracic cord and conus | Oral Prednisolone 1 mg/ kg.Colchicine. TabletsIVMP. | Discharged in 50 daysmRS -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 MCACT 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 daysmRS-4 |
| 5) 40-45/Male | None | COVID-19 infection  | Unresponsiveness, feverLeft MCA stroke, Left ICA occlusionAcute kidney injuryHypotension requiring vasopressorsRhabdomyolysis | 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 | DeathmRS-6 |
| 6) 35-40/Male | None | Recent COVID-19 infection 12 days ago. | Fever, Aphasia, Left ICA embolic occlusionLeft orbital infarction syndrome | D-dimer 960ALC – 0.6SARS-CoV2 antibodies-positive. | CT- hyperdense Left MCA signMRI – left MCA territory infarctRepeat CT day 2- left orbital muscle enlargement, proptosisRepeat MRI- left optic nerve / choroidal infarction. Enlarged orbital muscles, consistent with OIS | DSA- left ICA terminus occlusion, TICI 2a recanalization achieved, Decompressive craniectomyDexamethasone | mRS-5 |
| 7) 40-45/ Male | Smoker | Partially vaccinated status (Covishield 1 dose 10 days earlier) | Fever, CoughRt sided weakness at onset | LDH –613D-dimer –2250ALT 129AST 67ECHO- EF 55% (midly reduced)SARS-CoV2 RT-PCR positive on day 3. | CT brain- multiple infarcts, abnormal meningeal enhancementMRI brain- scattered micro and macro hemorrhages in the cerebellar and cerebral white matter. Scattered gyriform leptomeningeal enhancement | Low molecular weight hepain, ApixabanDexamethasone | 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 polyneuropathyEMG- scattered denervation in distal lower limb muscles. | MRI brain normalCT thorax- subsegmental pulmonary embolism, lower lobe fibrosis. | IVMP 2gm/ day x 3 daysIVIGHemodialysisPlasma 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.