Polyarthialgia With Acrmioclavicular Joint Arthosis In **Post Covid -19 Patient**

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Abstract

Introduction: We had a case report of polyarthialgia with acrmioclavicular joint arthosis in post covid-19 patient and its management.

Presentation of case: One case was diaganosed with polyarthialgia with acrmioclavicular joint arthosis in orthopedic unit and got discharged on 5^{th} day of admission with follow-up treatment. The patient came with chief complaints of mulpite joint pain, swelling over right side shoulder, tenderness, and stiffness over the right shoulder. With proper history and physical assessment the patient was diagnosed as acrmioclavicular joint arthosis. Initially the patient was treated with pain killer and anti-inflammatory drugs then acrmioclaviacular joint steroid injection was given under local anesthesia. Then the patient got discharged with follow-up treatment and restriction over the right shoulder

Discussion:

Post covid -19 problems develops mainly due to low immune system and also hormonal disturbance among the patient and it can be treated in the initially stage with proper trement regimen. Further advanced treatment is needed to assess the condition of the patient during the recovery among covid positive patients

Conclusion: Further research related to diagnostic methods and treatment modalities to reduce and incidence. There is need to create prophylactic protocol for control and treatment of this disease.

Keywords: Post Covid-19 recovery, adult, Polyarthialgia, acrmioclavicular joint arthosis

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I. **Introduction:**

Sudden outbreak of covid -19 through worldwide which had great impact on health of person. In medical field the spread of pandemic disease among the adult age which seen to have more health related problems which arise in younger adult and also in the older adult also¹. When the person who is having co morbidities like diabetes, hypertension, hormonal imbalances, renal failure etc had greater issues in their health². This co morbidities had lead severe problems like post recovery dehydration, cardiac vascular problems, orthopedic issues, black fungus etc. globally most of the person had headache, multiple joint pain and malaise during infection period and also in post recovery period also³. When person is suffering from orthopedic problems the person may be due to immune suppression because of drugs and hormones imbalance during the disease prognosis. Similarly the drugs which used for the treatment of cavid-19 had made the immune to worse condition which lead a way to newer oppuoronity infection which not common during the recovery period of the disease⁴.

II. **Case Presentation**

A 55 years old female patient got admitted in selected hospital, Puducherry. She came with the chief complaints of right side shoulder pain with pain scale score of 8 for past 10 days and tenderness, swollen over the right side shoulder, stiffness & numbness over right shoulder for past 5 days. In the left shoulder moderate pain of pain sc ale score of 6 for past 3 days. After first day of admission, the patient suddenly developed over lower extremities with pain scale score of 3 mild levels. During the time of admission thorough history collection was carried with reverent history of COVID -19 positive recovery before 10 days of hospitalization and menstrual history of menopause at the age of 50 years. Initially the patient was diagnosed as pseudoparalysis with polyarthialgia.

Investigations

Blood investigation:

The patient had undergone blood investigations as follows:

s.no	Investigations	Patient value	Impression
1.	Serum vitamin D_3	17.51 ng/ml	Decreased
2.	C-reactive protein	2 mg/dl	Increased
3.	Serum uric acid	4.5 mg/dl	Normal
4.	Cyclic citrullinated peptide antibodies	9 units	Normal
5.	Blood glucose level	99 mg/dl	Normal
6.	Rheumatoid factor	10 IU/ml	Normal
7.	ESR	24 mm/hr	Normal
8.	Red blood cells	$13 * 10^{3}/\text{ul}$	Normal
9.	Hemoglobin	11.4 gm/dl	Normal
10.	Hematocrit	38 %	Normal
11.	Serum protein	6 gm/dl	Normal
12.	Fibrinogen	0.4 gm/dl	Normal
13.	Platelets	6.4* 10 ³ /ul	Normal
14.	Leukocytes	10* 10 ³ /ul	Normal
15.	Neutrophils	5 * 10 ³ /ul	Normal
16.	Lymphocytes	7 * 10 ³ /ul	Normal
17.	Eosinophils	$2 * 10^{3}/ul$	Normal

Radiological studies:

s.no	Radiological studies	Part	Impression
1.	X-rays	Right shoulder	GRD (Latissimus dorsi) is decreased in right then left side
		Left shoulder	
2.	MRI scan	Right shoulder	 Thick inferior glenohumeral ligament with 9 mm in Axillary pouch Acromioclavicular joint arthosis No index of impingement Type-4 in concave acromloclavicular
		Left shoulder	 Mild Acromioclavicular joint arthosis No index of impingement Type-4 in acromloclavicular

From the blood and radiological studies, the patient was diagnosed as Polyarthialgia with acrmioclavicular joint arthosis by using the **Rockwood Grades of Injury**^{5,6} which follows:

s.no	Grades	Types	Findings	Patient impression
1.	Type -1		 AC ligaments is sprain CC is normal 	
2.	Type-2		- AC is torn - CC is sprain	
3.	Type-3		 Disruption of both the AC and CC ligaments Deformity of the clavicle 	

4.	Type-4	A CONTRACTOR	 Disruption of both the AC and CC ligaments Displaced of the lateral clavicle to posterior 	Thick of the AC of 9 mm over the right side and mild torn in left side
5.	Type-5		 Increased in the space of the CC ligament Droop of the shoulder 	
6.	Type-6		 Parasthesia occurred Injury of the nerve and vascular structure 	

Management and follow-up

Initially the patient was treated with T.Naprosyn 250 mg BD, T.Esofag 40 mg OD, T.Clagen 1 gm OD and T.Dolo 650 mg BD at the time of admission. After the radilogical study the patient was prepared steroid injection with pre procedure with NPO for 6 hours, Inj.T.T 0.5 ml IM and Inj.Fevastin 150 mg IM was prescribed by the physician.

During the procedure, under strict aseptic precautions and under ultrasound guidance. Both side shoulder was injected with subacromial bursa injection given with Inj.Diprospan 40 mg + Inj.Xylo with Adrenaline 2% - 0.2 ml + Inj. Sensorcaine 0.5% -1ml was injected on each side. Further same drug was injected in right side Glenohumeral joint in posterior with Ultrasound guidance.

After the procedure, the patient got discharged on the next day with treatment as T.Signoflam 100 mg BD for 5 days, T.Dolo 650 mg OD for 5 days, T.Tripwin 40 mg BD for 5 days, T.Esofag 40 mg OD for 10 days and T.Celin 500 mg OD for 10 days with right side shoulder support, then the patient is reviewed on 10th day after discharged. The patient had reduced from all the signs and symptoms with complete recovery.

III. Discussion

The sudden outbreak of Covid-19 and also spread of the 2nd wave which created health issues like cardiovascular disorders, ortho problems and multiple dysfunction of disease which needs further investigations and management of Covid-19 post recovery problems.

In this case the patient had developed orthopedic problems mainly inflammation and stiffness of the shoulder which was management in the initially stage and treated the patient's condition.

One of the retrospectively analyzed study by **Murat.S et,al**, $(2020)^7$ conducted a study about the signs and symptoms about Covid -19 patients during their hospitalization and after post recovery period among 210 patients. The result reveals that merely half of patients had developed myalgia and arthralagia with headache (69.17% & 50.37%). The study concluded that most of patient had pain over joint after the post Covid recovery.

Similarly another study is consistent with the present study conducted by Schett.G, et al (2019)⁸ about the arthritis in covid-19 patients. The study result described that the high dose of immune suppression and corticosteroids drug which created this arthritis in the post recovery period in Covid-19.

IV. Conclusion:

From this case presentation, the authors came into the conclusion that the patients who have after by Covid-19 had great effect of getting opportunity infection during their post Covid-19 recovery. This mainly due

the suppression of immunity with drugs, hormonal changes and psychological changes during the treatment progress.

Conflict of interest:

The authors declare that they have no conflict of interest related to the publication of this article

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