

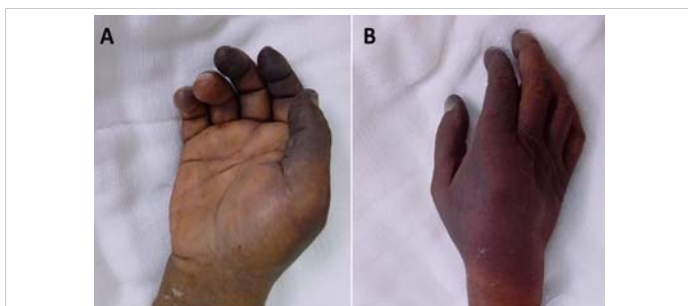
**Clinical Image**

# COVID-19 Associated acute limb ischemia

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A 78-year-old man, known case of, diabetes mellitus, and hypertension presented with fever, dry cough and dyspnea of five-day duration. He tested positive for SARS-CoV-2 infection and was admitted to the intensive care unit as a case of severe COVID -19 pneumonia. Evaluation revealed raised inflammatory markers CRP: 92.2 mg/ml, LDH: 556 IU/L, Ferritin: 286 ng/ml, D-dimer: 3716 ng/ml. On day 9 of illness, he developed numbness, pain and discoloration of right hand. Physical examination was consistent with Acute Limb Ischemia (Rutherford Class III) right hand with absent radial and ulnar pulses. Color Doppler Flow Imaging of the right upper limb revealed absent right ulnar and radial arterial flow. He was planned for catheter-directed thrombolysis with thrombectomy. However, he developed ARDS with Acute Kidney Injury and was started on mechanical ventilation and renal replacement therapy. Unfortunately, he succumbed to his illness. The case summarizes thrombotic complication of COVID-19, which requires early recognition in patients with very high D-dimer levels and treatment to prevent adverse outcomes.



**More Information**

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