

# COVID-19 – Thrombolysis for Acute Limb Ischaemia

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## Introduction

- Link between COVID-19 and thrombosis is well established [1]
- 57 year old man presented with 2 week history of cough & Type 1 Respiratory Failure
- Worsening oxygenation in Level 1 care, admitted to ITU on day 4 of hospital stay

## Past Medical History

- Asbestosis – minimal parenchymal change
- FVC 79% of Predicted
- OSA
- Type 2 Diabetes – HbA1c 89
- Ex-Smoker – 40 pack year history
- HTN

## Baseline

- Lives alone, fully independent
- Mild functional limitation

## Intensive Care Admission

**Day 1** – HFNO FiO2 0.4

**Day 2** – CPAP

**Day 4** – Intubation & Proning – Cool Mottled Left Hand Noted

**Day 5**

– Vascular Review – Brachial Arch Occlusion With No Distal Flow

- FiO2 1.0 + Proned, Paralysed + PCV
- Initial Dose of Alteplase Given

**Day 6**

– Deproned + FiO2 0.45

- Repeat Dose of Alteplase

**Day 10** - Extubated onto HNFO

**Day 17** - Discharge from ITU



[2]

## MDT Discussion

Vascular Team

- Gold standard treatment – Embolectomy in Theatre
- Unable to perform at bedside due to equipment limitation

Intensive Care team

- Patient too unstable for transfer to theatre

Interventional Radiology

- Unsuitable for localised catheter thrombolysis, too unstable to transfer
- Unable to perform procedure at bedside

Decision

- Systemic thrombolysis as per local stroke protocol

## Treatment – Systemic Thrombolysis

- 9mg Bolus followed by 81mg Infusion over 24h (Repeated after 24 hours)



[3]

## Outcome & Follow Up

- Full functional recovery of hand
- Respiratory recovery to discharge
- Working Full time & back to near functional baseline

## Conclusion

Systemic thrombolysis may be considered in COVID Acute arterial thrombosis and may contribute to respiratory recovery.

**Conflicts of Interest** – There were no conflicts of interest for this case report.

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