

DEAFNESS OF THE EAR AFTER SARS-CoV-2 INFECTION

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Deafness is defined as sensorineural hearing loss in one or both ears. It is defined as sensorineural hearing loss in one or both ears. It is defined as sensorineural hearing loss in one or both ears.

A 68-year-old female patient treated for COVID-19 in the otolaryngology department due to SARS-CoV-2 infection one month ago. Symptoms: cough, fever for 2 weeks, normally elevated levels of D-dimer, which decreased to normal levels. PTA and complete deafness of the ears were detected. She underwent intravenous therapy for 6 days and tapering of the hearing threshold.

SARS-CoV-2 patients is not uncommonly associated with hearing loss in SARS-CoV-2 infection with microthrombosis of the cochlea, the auditory nerve or the cochlear nucleus, leading to cause an inflammatory reaction. IL-6, and TNF alpha,17 which are involved in inflammation leading to cellular damage.

Meniere's disease for 3 years. The patient's history for social, intellectual and hearing impairment is cochlear implantation. This case and it was speculated that the temporal concordance between the symptoms and signs.

Meniere's disease

INVASIVE FUNGAL SINUSITIS IN POST COVID-19 PATIENT WITH MULTIPLE COMORBIDITIES – CASE REPORT

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Introduction: Secondary invasive Fungal Infections (FI) involving paranasal sinuses is a rare life-threatening opportunistic infection in immunocompromised individuals. The number of patients with FI is rising constantly globally due to the use of immunosuppressant drugs, increased use of antibiotics (AB) and long hospital stay. The critical point for sharp increase in FI Sinusitis was in post COVID-19 Patients with overuse of AB and comorbidities like Diabetes.

Case Presentation: A 68 Year old male patient with multiple comorbidities including Diabetes Melitus 2, was admitted in the state Covid center (GOB 8mi Septemvri) and treated 13 days for Covid complications including pneumonia with multiple AB, corticosteroid drugs, insulin. After hospital discharge, he presented severe headache with dizziness and was hospitalized for 4 days in the University Clinic of Neurology. Another course of AB drugs was conveyed because of the lab inflammatory markers, while a specific diagnose was found. The patient developed new symptoms including bulbar propulsion, blurred vision, and somnolence. A CT scan was performed on the second day where an invasive sinusitis with orbital and susp. intracranial complications were found. The patient was urgently transferred to our clinic and prepared for surgical treatment. An orbital abscess incision and FESS (including orbital decompression) was performed. Massive pus collections were drained. During the ethmoidal openings a classical sign of fungal sinusitis with fungal hypha's were found and eradicated. Beside the complete and successful endonasal operation the patient situation post op was worsening and he was transferred to the intensive care unit on mechanical ventilation, with complication of cavernous sinus thrombosis. Two days later the patient destabilized and died.

Conclusion: COVID-19 patients required multidisciplinary approach in treatment and post hospital care, including ENT specialist. Patient comorbidities should remain in focus during the treatment of the primary illness. The lack of protocols at the start of the pandemics lead to overuse of drugs, such as AB and corticosteroids. Every patient should be individually accessed for determining the right diagnose auspicious.

Keywords: Post Covid-19, Acute Pansinusitis; Fungal Sinusitis; Diabetes Melitus