

Post-Acute-COVID-19-Illness Sequelae

Attapon Cheepsattayakorn^{1,3*}, Ruangrong Cheepsattayakorn², Porntep Siriwanarangsun³

¹10th Zonal Tuberculosis and Chest Disease Center, Chiang Mai, Thailand

²Department of Pathology, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

³Faculty of Medicine, Western University, Pathumtani Province, Thailand

***Corresponding Author:** Attapon Cheepsattayakorn, 10th Zonal Tuberculosis and Chest Disease Center, Chiang Mai, Thailand.

Received: June 14, 2021; **Published:** July 01, 2021

The World Health Organization (WHO) reported that approximately, 57.8 million COVID-19 cases, globally could have health and economic consequences [1]. There is a wide range of reported long-term symptoms, known as post COVID condition (sometimes called chronic COVID syndrome, late sequelae of COVID-19, long COVID, long haul COVID, long-term COVID-19, post COVID syndrome, post-acute COVID-19, post-acute sequelae of SARS-CoV-2 infection (as of yet, no internationally agreed definition of post COVID condition); individuals past 9-10 days post symptom onset if they have asymptomatic or mild disease, individuals characteristically do not shed SARS-CoV-2 after recovery from acute COVID-19 illness three weeks) after SARS-CoV-2 (COVID-19) infection, such as fatigue, lost of smell, persistent cough, shortness of breath, palpitations, diarrhea, abdominal pain, rash, recurrent fever, forgetfulness, depression, muscle pain (myalgia), pins and needles, chest pain, and headache [2]. Inclusion of persistence of development or symptoms of post-acute-COVID-19-illness sequelae beyond 3 or 4 weeks from the onset of symptoms of acute-COVID-19 illness has been suggested in the evolving definition of the post-acute-COVID-19-illness timeline [3,4], corresponding to the replication-competence of SARS-CoV-2 (COVID-19) that has not been isolated after 3 weeks of the initial COVID-19 infection [5]. Recent studies suggested the classification of the post-acute-COVID-19-illness sequelae into two categories: 1) subacute or ongoing symptomatic COVID-19 illness, that includes abnormalities and symptoms occur from 4 - 12 weeks beyond acute COVID-19 illness; and 2) chronic or post-acute-COVID-19 syndrome; that includes abnormalities and symptoms occur or persisting beyond 12 weeks of the onset of acute COVID-19 illness not causative to the alternative diagnoses [4,6]. Nalbandian., et al. defined post-acute-COVID-19-illness sequelae as persistent symptoms and/or delayed or long-term complications of SARS-CoV-2 (COVID-19) infection beyond 4 weeks from the onset of initial symptoms [7]. Palpitation, a common persistent symptom was abnormally detected around 78% of the post-acute-COVID-19-illness survivors who underwent cardiovascular MRI at the day 70 after the initial diagnosis of COVID-19 [8]. Thromboembolic-caused stroke can occur during the recovery phase of COVID-19 survivors, particularly in high-risk individuals [9].

In conclusion, characterization of the principal epidemiologic, serologic, diagnostic imaging, and clinical presentations of multi-organ post-acute-COVID-19 illness sequelae are urgently future studies to develop the properly clinical practice guidelines.

Bibliography

1. World Health Organization. Weekly Epidemiological Update (2020).
2. World Health Organization. EPI-WiN. Infodemic Management. Update on clinical long-term effects of COVID-19". *Reported symptoms after SARS-CoV-2 infection* (2021).
3. Datta SD., et al. "A proposed framework and timeline of the spectrum of disease due to SARS-CoV-2 infection : illness beyond acute infection and public health implications". *The Journal of the American Medical Association* 324 (2020): 2251-2252.
4. Greenhalgh T., et al. "Management of post-acute COVID-19 in primary care". *BMJ* 370 (2020): m3026.
5. Van Kampen JJA., et al. "Duration and key determinants of infectious virus shedding in hospitalized patients with coronavirus disease-2019 (COVID-19)". *Nature Communications* 12 (2021): 267.

6. Shah W., *et al.* "Managing the long term effects of COVID-19 : summary of NICE, SIGN, and RCGP rapid guidelines". *British Medical Journal* 2372 (2020): n136.
7. Nalbandian A., *et al.* "Post-acute COVID-19 syndrome". *Nature Medicine* 27 (2021) : 601-615.
8. Puntmann VO., *et al.* "Outcomes of cardiovascular magnetic resonance imaging in patients recently recovered from coronavirus disease 2019 (COVID-19)". *JAMA Cardiology* 5 (2020): 1265-1273.
9. Kumar UV. "Post-COVID-19 sequelae". *Indian Journal of Respiratory Care* 10 (2021): S60-S63.

Volume 10 Issue 8 August 2021

©All rights reserved by Attapon Cheepsattayakorn., *et al.*