COVID-19 INFECTION IN PATIENTS WITH RHEUMATIC DISEASES: TWO CENTERS EXPERIENCE

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Background: Coronavirus disease 2019 (COVID-19) is a new viral infection characterized by dry cough, fever, shortness of breath, fatigue and lymphopenia. It may be complicated by interstitial pneumonia leading to severe acute respiratory distress syndrome(1). The COVID-19 outbreak has increased concerns in those with rheumatological diseases(2).

Objectives: To present the clinical course of COVID-19 infection in patients with rheumatological disease and comorbidity conditions of patients and drug use.

Methods: 70 COVID-19 patients with autoimmune and autoinflammatory rheumatic diseases over the age of 18 who were followed up in the internal diseases-rheumatology department of Sivas Cumhuriyet University Hospital and Sivas Numune Hospital between April 2020 and January 2021 were included in this study. An application was made to the ethics committee of Sivas Cumhuriyet University Hospital and approval was obtained. Demographic data, comorbidities, smoking, treatments for their diseases, symptoms and hospitalization status of the patients were examined.

Results: The median age of the women patients was 48 years (min: 20-max: 73), 41 years in men (min: 21-max: 78). 15 patients (21.4%) were male, 55 patients (78.6%) were female. The most common rheumatic disease was rheumatoid arthritis (RA, 21, 30%) followed by ankylosing spondylitis (19, 27.1%), familial Mediterranean fever (13, 18.6%), Behçet’s disease (12, 17.1%). 22 (31.4%) patients hydroxychloroquine sulfate, 14 (20%) leflunomide, 7 (10%) patients methotrexate, 6 (8.6%) patients sulfasalazine, 10 (14.3%) patients azathioprine/mycophenolate mofetil, 22 (31.4%) patients were using colchicine. As a biological medicine, 20 (28.6%) patients were using infliximab, 5 (7.1%) patients were using adalimumab, 6 (8.6%) patients were using rituximab, and 4 (5.7%) patients were using tocilizumab. Other are summarized in Table 1. The most common comorbidities were hypertension (25.7%) and diabetes mellitus (DM 17.1%). While 56 patients (80%) had symptoms of COVID-19, 14 patients (20%) were asymptomatic.

The most common symptoms was fever (32, 45.7%) followed by cough (29, 41.4%), dyspepsia (28, 40%), myalgia (25, 35.7%), loss of taste and smell (25, 35.7%), headache, anosmia, and ageusia/myalgies and anorexia. No specific pattern for patients requiring intensive care unit admission. Conclusion: The course of COVID-19 in rheumatic diseases is not clearly metastable. Some findings might represent a potential protective role of certain biologicals and steroids. Further studies should be done to extend these findings.