

# Retrospective observational study on spontaneous major bleeding in covid-19 patients: our experience

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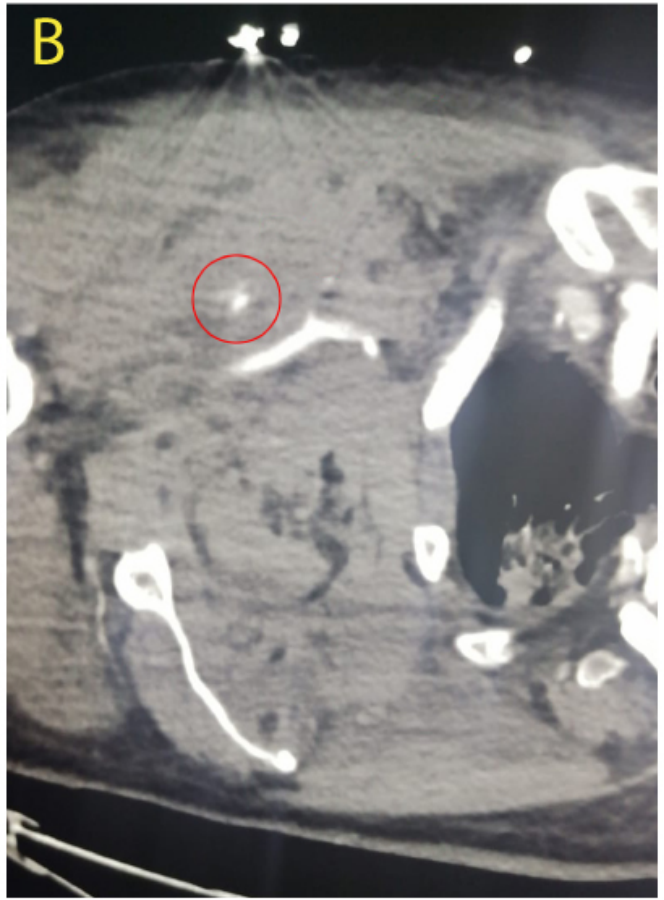
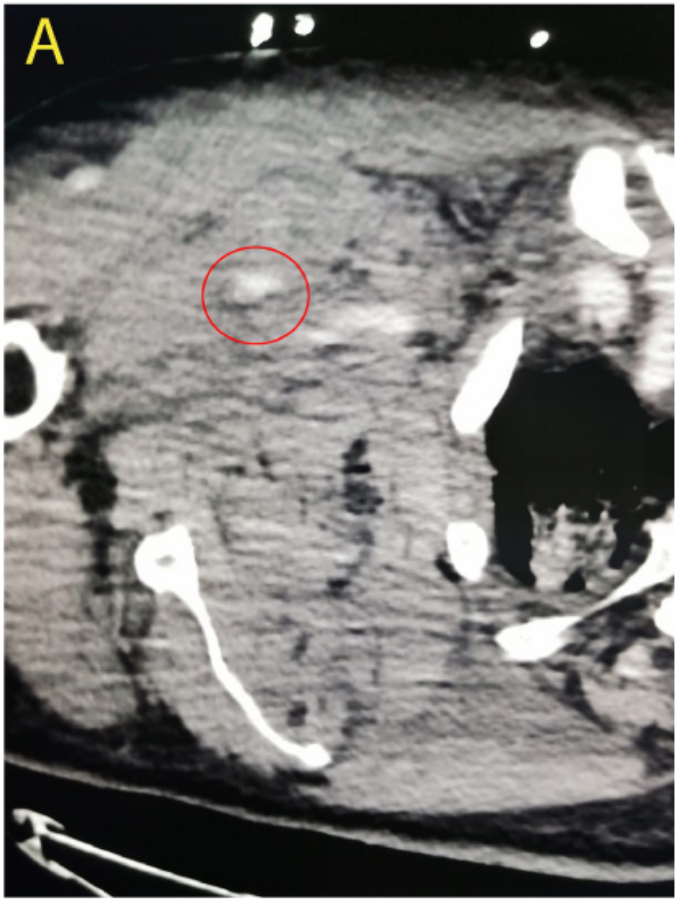
Argomento: COVID-19

**BACKGROUND:** SarS-CoV2 patients are considered to be at high risk for thromboembolic events; numerous scientific evidences show how COVID 19 is associated with a pro-thrombotic state due to endothelial dysfunction and a state of hyper inflammation, characterized by high levels of D-dimer and fibrinogen. It follows that these patients are subjected to large doses of anticoagulants. Many of them undergo pronation cycles to try to increase their ventilability and improve oxygenation by subjecting them to traumatic maneuvers. However, the associated risk of major bleeding sometimes remains underestimated.

**DISCUSSION:** This retrospective observational study aims to analyze the incidence of bleeding with significant anemia (reduction in Hb levels > 2 g / dL) in patients who arrived at our unit between November 1, 2020 and January 1, 2022 with a diagnosis of Covid. -19. To conduct this study, the clinical-laboratory findings and CT examinations of these patients were analyzed.

**RESULTS:** 18 patients were identified (10 males, 8 females, mean age 78.6 years over a range of 63-89 years, with evidence of atraumatic bleeding in the thoraco-abdominal soft tissues (n = 8, bilateral in one case), in the thoracic cavity. (n = 2), in the retroperitoneum (n = 5), in the intestinal lumen (n = 1), in the joint (n = 1) and intraspinal (n = 1). contrast for the diagnosis of bleeding, of which 9 underwent angiographic examination which demonstrated the site of bleeding in 8/9 cases. 3 patients also simultaneously showed thrombosis with pulmonary embolism.

**CONCLUSIONS:** Despite all the limitations related to a retrospective monocentric study, we can say that spontaneous major extracranial bleeding, at the thoraco-abdominal level and in other atypical sites, represents a rare but serious complication of COVID 19 infection and must always be considered in case of anemia during the course of the disease and relative hospitalization.



EMATOMA PARETE TORACICA: (A) Fase portale - (B) Fase arteriosa