CASE DESCRIPTION

A 19-year-old male with history of Ehlers-Danlos Syndrome, Postural Orthostatic Tachycardia Syndrome, adrenal insufficiency presented for regurgitation of swallowed food without retching, abdominal bloating, constipation, early satiety and weight loss (63.5 kg from baseline of 66 kg).

Tested positive COVID-19, was discharged to self-quarantine and prescribed anti-reflux, anti-emetic, laxatives.

Symptoms persisted and he underwent Gastric emptying study (GES) and Esophageal pH-Impedance Study which showed no abnormalities (59 kg at week 12) [Fig 1 and 2].

He was felt to have a functional GI disorder and instructed to perform postprandial diaphragmatic breathing exercises.

High Resolution Esophageal Manometry (HREM) and barium swallow showed no abnormalities [Fig 3].

He was instructed to continue abdominal breathing exercises and prescribed a serotonin selective reuptake inhibitor, escitalopram (60 kg at week 18).

Symptom resolved at follow up 12 weeks later with increased weight gain towards baseline (64.5 kg at week 30).

DIAGNOSTIC TESTING

- Gastroesophageal Reflux Disease (GERD) Symptom Index (GES)
- Esophageal pH-Impedance
- Gastric emptying study
- Barium swallow
- HREM
- Weight Over Treatment Course After COVID-19

DISCUSSION

- The patient developed GI disease after his initial COVID-19 infection.
- Post-COVID-19 symptoms persisted for 6 months.
- Functional GI disorder was diagnosed according to the Rome IV criteria, with anti-reflux, anti-emetic, laxatives.
- COVID-19 may be initially misdiagnosed and contribute to prolonged symptom burden and invasive diagnostic testing, leading to a poor quality of life.

REFERENCES