

## Post Covid-19 Complications After First Wave in Haryana

Malhotra P\*, Malhotra V, Gupta U, Sanwariya Y, Pahuja I and Akshay

Department of Medical Gastroenterology, Gynecology & Obstetrics, PGIMS, Rohtak & Director, Health Services, Haryana, India

### \*Corresponding author:

Parveen Malhotra,  
Department of Medical Gastroenterology,  
Gynaecology & Obstetrics PGIMS, Rohtak  
and Director Health Services, 128/19,  
Civil Hospital Road, Rohtak, Haryana,  
India (124001),  
E-mail: drparveenmalhotra@yahoo.com

Received: 15 May 2021

Accepted: 11 Jun 2021

Published: 18 Jun 2021

### Copyright:

©2021 Praveen M, This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

### Keywords:

Covid-19 infection; Post Covid Complications;  
Diabetes Mellitus; Cough; Allergy

### Citation:

Praveen M. Post Covid-19 Complications After First Wave in Haryana. Japanese J Gstro Hepato. 2021; V6(17): 1-4

## 1. Abstract

**1.1. Introduction:** Covid-19 is an ongoing global pandemic around the world which has led to devastation both with human lives as well as economy. The agony of patients who get infected with this deadly virus, does not end with recovery from it, as many face Post Covid-19 complications. There is very limited data regarding Post Covid-19 complication in view of short span of time which has elapsed since onset of this Pandemic.

**1.2. Aim:** To determine Post Covid-19 complications in patients who have recovered from first wave of Covid-19 infection.

**1.3. Materials and Methods:** It was a cross sectional study conducted at Department of Medical Gastroenterology, Post Graduate Institute of Medical Sciences (PGIMS), Rohtak, over a period of two months i.e. from 01.03.2021 to 30.04.2021. The 25,000 confirmed patients of first wave of Covid-19 infection who have recovered six months prior from this illness, belonging to various parts of Haryana were enrolled in the study.

**1.4. Results:** Out of these twenty-five thousand patients of Covid-19 infection, only Sixty-five (65) i.e. 0.26 % patients developed Post Covid complications. It is pertinent to mention that these patients belonged to first wave of Covid-19 infection in India which started in March, 2020.

## 2. Introduction

Covid-19 is a devastating global pandemic in which majority of infected cases appear mild but some individuals present with respiratory complications with possible serious lung damage. However, little

is known of the incidence and seriousness of post-Covid pulmonary pathology. Covid-19 infection, caused by SARS-CoV-2, has led to a global pandemic [1]. The clinical and pathological features of acute infection have a wide spectrum from asymptomatic infection to mild self-limiting symptoms to acute respiratory failure and the need for invasive mechanical ventilation [2, 3]. A clinical picture similar to Acute Respiratory Distress Syndrome (ARDS) with refractory hypoxemia is the primary cause of death in Covid-19 [4]. There is limited data regarding potential consequences and sequelae of infection. ARDS is a fibro proliferative disease, with lung biopsies taken at the time of ARDS showing fibrosis in more than half of affected patients [5, 6]. The marked inflammatory and coagulopathic response to SARS-CoV-2 may promote pulmonary fibrosis and lung damage [7-9]. On analysis of the follow-up of SARS patients from 2003, very few developed post-infectious fibrosis, with less than 5% of admitted patients affected [10, 11]. The radiological appearances during acute Covid-19 infection are variable [12] and are not limited to those seen in ARDS, and this has impacted on ventilatory management strategies for severe Covid-19 [13-15]. Thus Covid-19 pneumonitis may have long lasting effects, even in the absence of ARDS [16].

## 3. Aim

To determine Post Covid-19 complications in patients who have recovered from first wave Covid-19 infection.

## 4. Material and Methods

It was a cross-sectional study conducted at Department of Medical Gastroenterology, Post Graduate Institute of Medical Sciences

(PGIMS), Rohtak, over a period of two months i.e. from 01.03.2021 to 30.04.2021. The twenty-five thousand (25,000) confirmed patients of first wave of Covid-19 infection who have recovered six months prior from this illness, belonging to various parts of Haryana, were enrolled in the study. It was a telephonic survey which was done by team of qualified doctors who after proper consent of patients recorded their Post Covid-19 complications.

**Table 1:** Showing Sex Distribution

Sex	Number Of Patients
Male	50 (76.92%)
Female	15 (23.08%)

**Table 2:** Showing District wise Distribution

District	Number of Patients
Ambala	2 (3.07%)
Bhiwani	3 (4.61%)
Faridabad	19 (29.23%)
Gurugram	21 (32.30%)
Jhajjar	4 (6.15%)
Jind	1 (1.53%)
Kaithal	1 (1.53%)
Karnal	3 (4.61%)
Nuh	1(1.53%)
Panipat	1 (1.53%)
Rohtak	3 (4.61%)
Sonepat	4 (6.15%)
Yamuna Nagar	2 (3.07%)

#### 4.1. Statistical Analysis

All the data was entered in Microsoft Excel and was analyzed using SPSS 15.0 version.

#### 4.2. Observations

It is pertinent to mention that all these patients belonged to first wave of Covid-19 infection in India which started in March,2020. Out of these twenty five thousand patients of Covid-19 infection, only Sixty five (65) i.e. 0.26 % patients developed Post Covid complications. Out of these 65 patients, 50 (72.92%) were males and 15 patients (23.08%) were females. The patients belonged to various parts of haryana but maximum number were seen from districts near New Delhi i.e. Gurugram (32.30%) and Faridabad (29.23%) The most common Post Covid complication observed was Fatigue which was seen in 21 patients (32.30%) followed by Dyspnea in 10 patients (15.38 %) and Cough in 7 patients (10.76%).

**Table 3:** Showing Distribution of Post Covid-19 Complications

Post Covid-19 Complications	No. Of Patients
Fatigue	21 ( 32.30 %)
Dyspnoea	10 (15.38%)
Cough	7 (10.76%)
Dyspepsia	4 (6.15%)
Fever	4 (6.15%)
Myalgia	3 (4.61%)
Depression	2 (3.07%)
Diabetes Mellitus	2 (3.07%)
Anorexia	2 (3.07%)
Diarrhoea	1 (1.53%)
Constipation	1 (1.53%)
Globus Hysteticircus	1 (1.53%)
Allergy	1 (1.53%)
Loss of Taste	1 (1.53%)
Bluish Discolouration of Nails	1 (1.53%)
Post Covid M.I	1 (1.53%)
Tachycardia	1 (1.53%)
Bulimia	1 (1.53%)
Weight Loss	1 (1.53%)

#### 5. Discussion

Out of twenty-five thousand patients of first wave of Covid-19 infection, only Sixty-five (65) i.e. 0.26 % patients developed Post Covid complications. Out of these 65 patients, 50 (72.92%) were males and 15 patients (23.08%) were females. It cannot be inferred that males are at more risk to develop Post Covid complications because males had similar representation in corresponding main pool of twenty-five thousand patients. The patients belonged to various parts of Haryana but maximum number were seen from districts near New Delhi i.e. Gurugram (32.30%) and Faridabad (29.23%). The main reason behind this is that New Delhi had major load of cases of Covid-19 infection and moreover many patients in nearby districts in Haryana are employed in government or private set ups. Moreover, this proximity led to transmission in districts of Haryana which are surrounding New Delhi. The most common Post Covid complication observed was Fatigue which was seen in 21 patients (32.30%) followed by Dyspnea in 10 patients (15.38 %) and Cough in 7 patients (10.76%). Fatigue is most common complaint in our study group which is in concordance with previous studies [17]. Many patients feel that they have not returned back to their full health and it is supported by the associations between fatigue, subjective perception of not returning to full health and increased perception of maximal exertion. The persistent low-grade inflammation post-infection may also contribute to systemic ill-health [18] and thus re-emphasizes the need for more detailed cardiovascular health and fitness assessment of those most severely affected [19, 20]. The findings in our study

are in line with 2003 SARS outbreak, in which recovered patients reported impairments in health-related quality of life at six months. Similarly, a subset of patients in Toronto experienced persistent fatigue, diffuse myalgia, weakness and depression one year after their acute illness (51). Over 40% of 233 SARS survivors in Hong Kong reported a chronic fatigue problem 40 months after infection (21). In our study group, median follow up was more than twenty-four weeks after recovery from initial infection, in line with what is currently understood of viral dynamics and infectivity [22-24]. The other important Post Covid-19 complication was related to respiratory system in form of dyspnoea and persistent dry cough in 10 patients (15.38 %) and 7 patients (10.76%) respectively. The other complications included persistent fever, dyspepsia, myalgia, depression, new onset diabetes mellitus etc. The less number of patients developing Post Covid-19 complications in our study can be explained on the basis that all these patients belonged to first wave in India in which maximum number of patients had asymptomatic or mild infection and less number of patients required admission for respiratory involvement. The overall morbidity and mortality was low in comparison to second wave which is still active in India, and in this due to mutant strain, early and more involvement of lungs is leading to significant morbidity and mortality. It is to be seen later on that how much Post Covid-19 complication develop after second wave of Covid-19 infection. Our study emphasizes for being more vigil regarding complications related to various organs, especially long-term respiratory impact of Covid-19. This has implications for both the delivery of adequate healthcare to all patients diagnosed with Covid-19, irrespective of need for hospitalization. There appears to be a need for ongoing support and rehabilitation of patients experiencing long-term side-effects of Covid-19, including programs to optimize patient's self-management of fatigue and perception of exertion post-Covid-19 infection (25). There is very limited published evidence up till now (26), thus more researches are required to understand the scenario of Post Covid-19 complications.

## 6. Conclusion

The major stress at present in this epidemic is regarding prevention and proper treatment of Covid-19 infection, so as to save many precious lives. Once, this pandemic starts settling, then Post Covid complications can emerge as a major health problem due to varied manifestations of this infection due to involvement of many systems of human body. More researches are required regarding evaluation of Post Covid complication, so as to become wiser in dealing with them. This will lead to overall decrease in morbidity and mortality related to this deadly viral infection.

## 7. Limitation of Study

The present study group is limited to patients who were effected in first wave in India in which maximum number of patients had asymptomatic or mild infection and less percentage of patients required admission for respiratory involvement. The overall morbidity

and mortality was low, hence the less number of patients developing Post Covid complications. The India is facing ongoing second wave due to mutant strain, in which early and more involvement of lungs is leading to significant morbidity and mortality. It is to be seen later on that how much Post Covid-19 complications develop after second wave of Covid-19 infection.

## References

1. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult in patients with covid-19 in Wuhan, china: A retrospective cohort study. *The Lancet* 2020; 395: 1054-62.
2. Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (covid-19) outbreak in china: Summary of a report of 72 314 cases from the Chinese center for disease control and prevention. *JAMA*. 2020; 323: 1239-42.
3. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, china: A descriptive study. *The Lancet*. 2020; 395(10223): 507-13.
4. Bellani G, Laffey JG, Pham T, Fan E, Brochard L, Esteban A, et al. Epidemiology, patterns of care, and mortality for patients with acute respiratory distress syndrome in intensive care units in 50 countries. *JAMA*. 2016; 315(8): 788-800.
5. Burnham EL, Janssen WJ, Riches DW, Moss M, Downey GP. The fibroproliferative response in acute respiratory distress syndrome: Mechanisms and clinical significance. *Eur Respir J*. 2014; 43(1): 276-85.
6. Papazian L, Doddoli C, Chetaille B, Gernez Y, Thirion X, Roch A, et al. A contributive result of open-lung biopsy improves survival in acute respiratory distress syndrome patients. *Crit Care Med*. 2007; 35(3): 755-62.
7. Zhou Y, Fu B, Zheng X, Wang D, Zhao C. Pathogenic t cells and inflammatory monocytes incite inflammatory storm in severe covid-19 patients. *National Science Review*. 2020.
8. Davey A, McAuley D, O'Kane C. Matrix metalloproteinase's in acute lung injury: Mediators of injury and drivers of repair. *Eur Respiratory Soc*. 2011; 38: 959-70.
9. Steinberg KP, Hudson LD, Goodman RB, Hough CL, Lanken PN, Hyzy R, National Heart L, Network BIARDSCT. Efficacy and safety of corticosteroids for persistent acute respiratory distress syndrome. *N Engl J Med*. 2006; 354(16): 1671-84.
10. Wu X, Dong D, Ma D. Thin-section computed tomography manifestations during convalescence and long-term follow-up of patients with severe acute respiratory syndrome (sars). *Medical science monitor: international medical journal of experimental and clinical research*. 2016; 22: 2793-9.
11. Zhang P, Li J, Liu H, Han N, Ju J, Kou Y, et al. Long-term bone and lung consequences associated with hospital-acquired severe acute respiratory syndrome: A 15-year follow-up from a prospective cohort study. *Bone research*. 2020; 8(1): 1-8.
12. Bernheim A, Mei X, Huang M, Yang Y, Fayad ZA, Zhang N, et al. Chest ct findings in coronavirus disease-19 (covid-19): Relationship to

- duration of infection. *Radiology*. 2020; 295: 200463.
13. Li X, Ma X. Acute respiratory failure in covid-19: Is it “typical” ards? *Critical Care*. 2020; 24: 198.
  14. Gibson PG, Qin L, Puah S. Covid-19 ards: Clinical features and differences to “usual” precovid ards. *Med J Aust*. 2020.
  15. Fan E, Beitler JR, Brochard L, Calfee CS, Ferguson ND, Slutsky AS, et al. Covid-19 associated acute respiratory distress syndrome: Is a different approach to management warranted? *The Lancet Respiratory Medicine*. 2020; 8: 816-21.
  16. Raghu G, Wilson KC. Covid-19 interstitial pneumonia: Monitoring the clinical course in survivors. *The Lancet Respiratory Medicine*. 2020; 8(9): 839-42.
  17. Halpin SJ, McIvor C, Whyatt G, Adams A, Harvey O, McLean L, Walshaw C, Kemp S, Corrado J, Singh R. Post-discharge symptoms and rehabilitation needs in survivors of covid-19 infection: A cross-sectional evaluation. *J Med Virol*. 2021; 93: 1013-22.
  18. COVID GA, Group P-ACS. Post-covid-19 global health strategies: The need for an interdisciplinary approach. *Aging Clin Exp Res*. 2020; 32: 1613-20.
  19. Puntmann VO, Carerj ML, Wieters I, Fahim M, Arendt C, Hoffmann J, et al. Outcomes of cardiovascular magnetic resonance imaging in patients recently recovered from coronavirus disease 2019 (covid-19). *JAMA cardiology*. 2020; 5: 1265-73.
  20. Ndahimana D, Kim E-K. Measurement methods for physical activity and energy expenditure: A review. *Clinical nutrition research*. 2017; 6(2): 68-80.
  21. Lam MH-B, Wing Y-K, Yu MW-M, Leung C-M, Ma RC, Kong AP, et al. Mental morbidities and chronic fatigue in severe acute respiratory syndrome survivors: Long-term follow-up. *Arch Intern Med*. 2009; 169(22): 2142-7.
  22. He X, Lau EH, Wu P, Deng X, Wang J, Hao X, et al. Temporal dynamics in viral shedding and transmissibility of covid-19. *Nat Med*. 2020; 26(5): 672-5.
  23. Lee N-Y, Li C-W, Tsai H-P, Chen P-L, Syue L-S, Li M-C, et al. A case of covid-19 and pneumonia returning from Macau in Taiwan: Clinical course and antisars-cov-2 igg dynamic. *J Microbiol Immunol Infect*. 2020; 53: 485-7.
  24. Ling Y, Xu S-B, Lin Y-X, Tian D, Zhu Z-Q, Dai F-H, et al. Persistence and clearance of viral RNA in 2019 novel coronavirus disease rehabilitation patients. *Chin Med J*. 2020; 133: 1039-43.
  25. Spruit MA, Holland AE, Singh SJ, Tonia T, Wilson KC, Troosters T. Covid-19: Interim guidance on rehabilitation in the hospital and post-hospital phase from a European respiratory society and American thoracic society-coordinated international task force. *Eur Respir J*. 2020; 56: 2002197.
  26. Marshall M. The lasting misery of coronavirus long-haulers. *Nature*. 2020; 585(7825): 339-41.