

Case Presentation: Lung Transplant Evaluation for COVID-19 PNA and ARDS

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History

- 31F with no significant PMHx, at 28w5d gestation
 - Presented to an outside ED with 1 week of dry cough
 - Symptoms progressed to fever, SOB/DOE over preceding 48 hours

History (Cont)

- Found to be COVID-19 & Rapid Strep +ve
 - Increasing O₂ requirements: (7L NC -> 15L NRB)
- Started on Azithromycin and Betamethasone
- Transferred to Texas Children's Hospital (TCH) for peripartum care

History (Cont)

- At arrival to TCH, visibly dyspneic & tachypneic
 - WOB improved with transition to HFNC
 - Started on Ceftriaxone for Group A Strep pharyngitis
 - Treatment for COVID initiated:
 - Remdesivir
 - Convalescent plasma
 - Dexamethasone

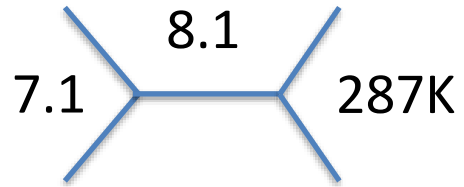
History (Cont)

- HD #4:
 - Acute worsening in respiratory status → intubated
 - Urgent cesarean delivery at 29w2d
- Unable to be extubated post C-section with worsening hypoxemia
 - HD #14: Transferred to Baylor St. Luke's Medical Center (BSLMC)

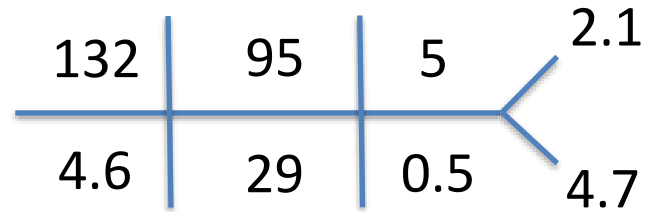
Physical Exam – Arrival at BSLMC

- **Vital Signs:**
 - T: 100.4F, HR: 89, BP: 99/55, RR 26 with 95% SaO₂
- **Ventilator Settings:**
 - Mode: CMV, Vt: 300mL, RR: 26, PEEP: 9 cm H₂O; FiO₂: 60%
 - P_{IP}: 38 cm H₂O, P_{PLAT}: 37 cm H₂O, P/F: 267
- **GEN:** Intubated; Sedated on Hydromorphone & Propofol gtts, midazolam PRN
- **CV:** RRR, no murmur auscultated
- **PULM:** Coarse breath sounds bilaterally, symmetric chest rise
- **ABD:** C-section wound healing without erythema or exudates
- **EXT:** No appreciable pitting edema in BLE; DP/PT pulses palpable bilaterally

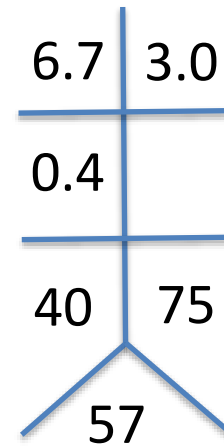
Initial Laboratory Values



CRP: 11.4
LDH: 834
Ferritin: 132



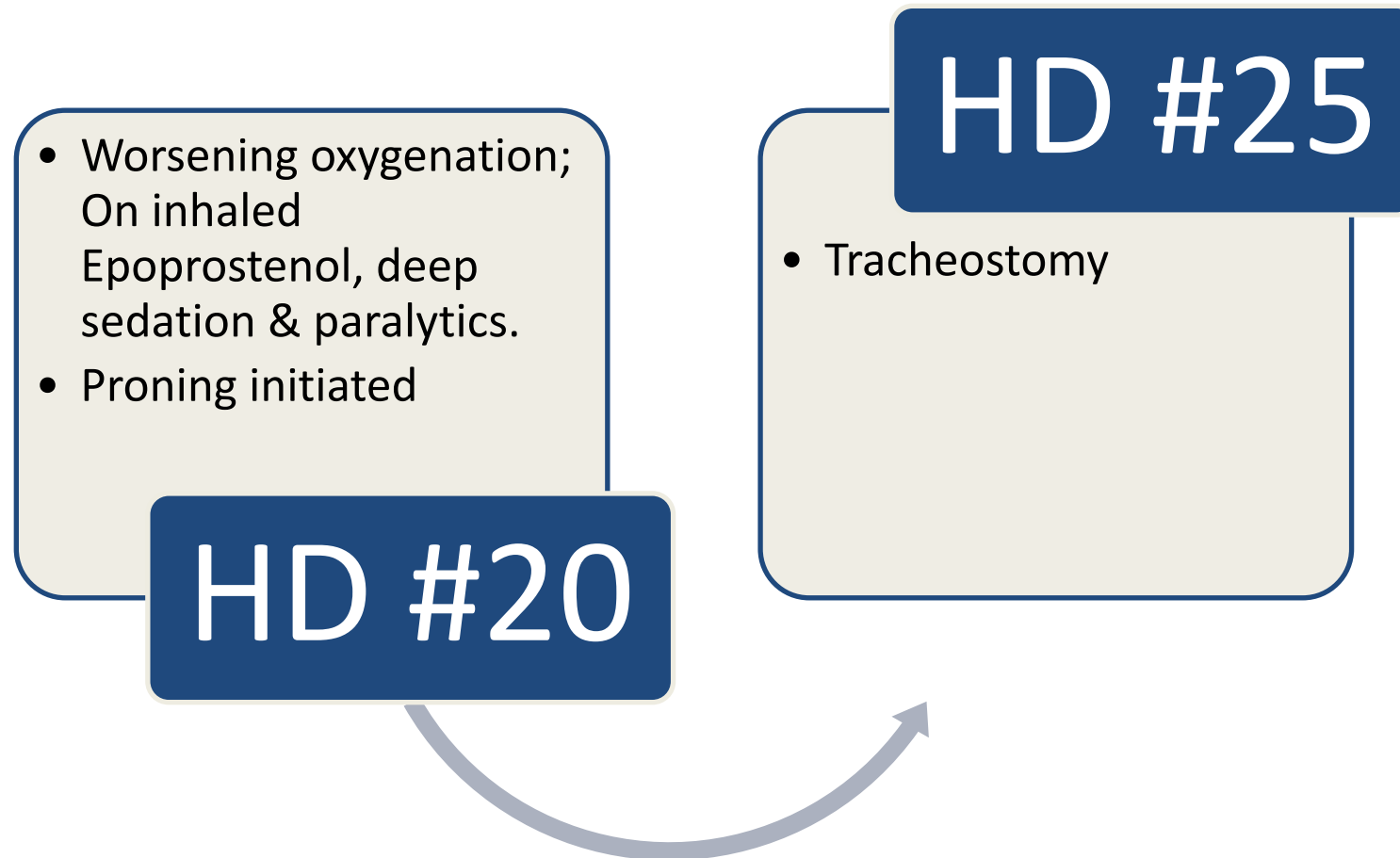
D-Dimer: 1.5
PCT: 0.05
Troponin: 0.01



Initial CXR

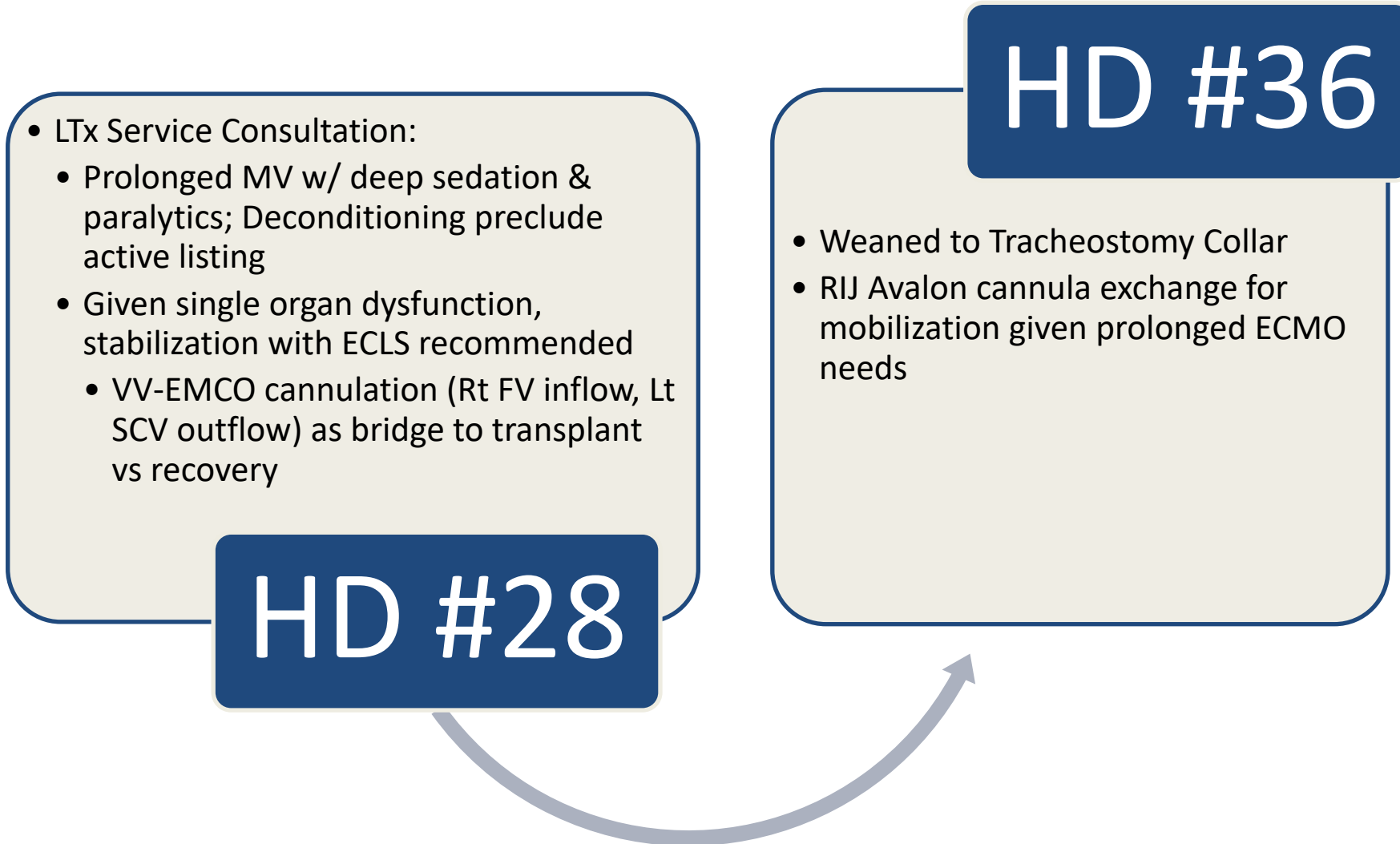


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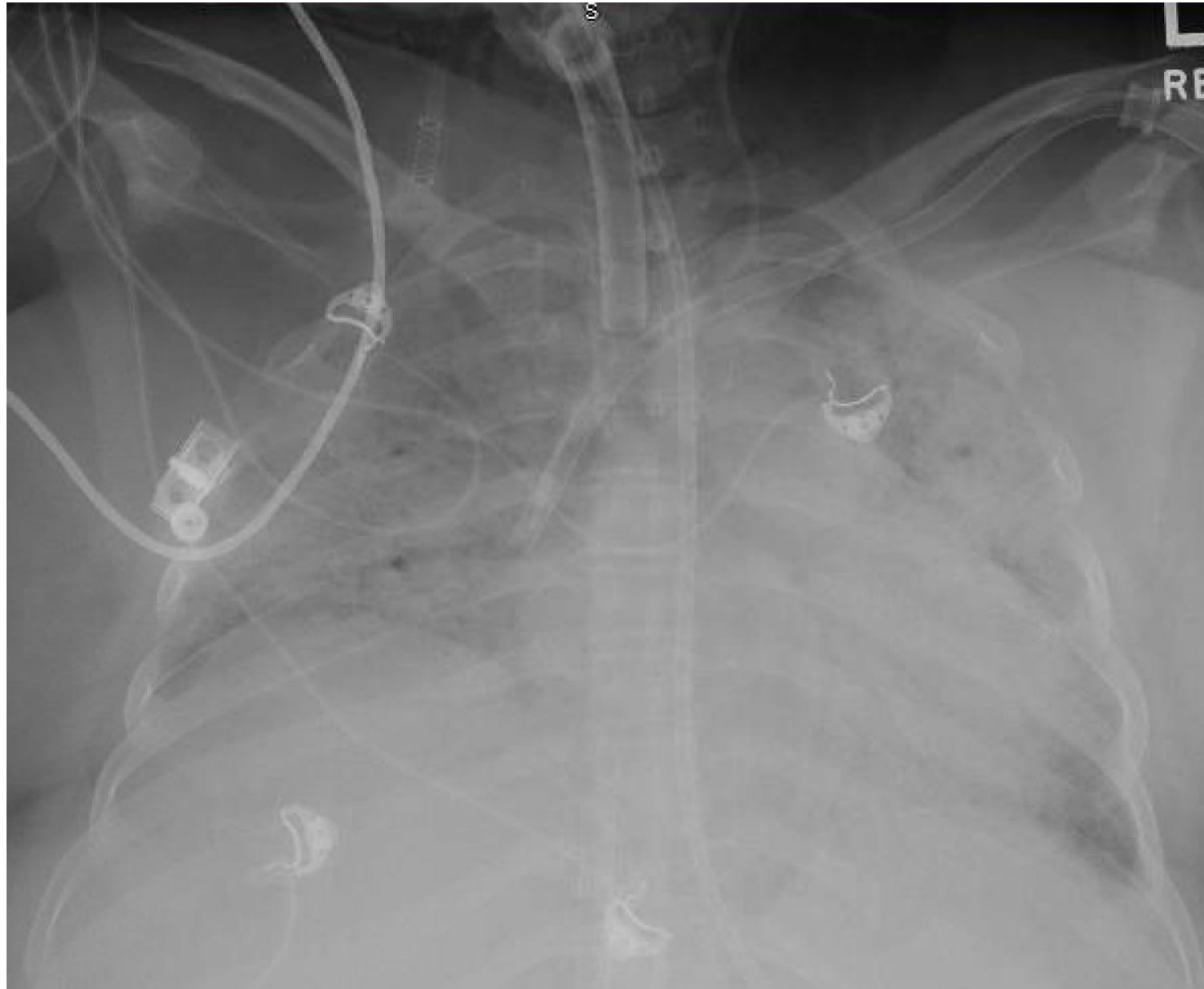


- Given worsening hypoxemia and lung compliance, would you refer this patient for consideration of lung transplantation?
 - A. Yes
 - B. No
 - C. I do not know

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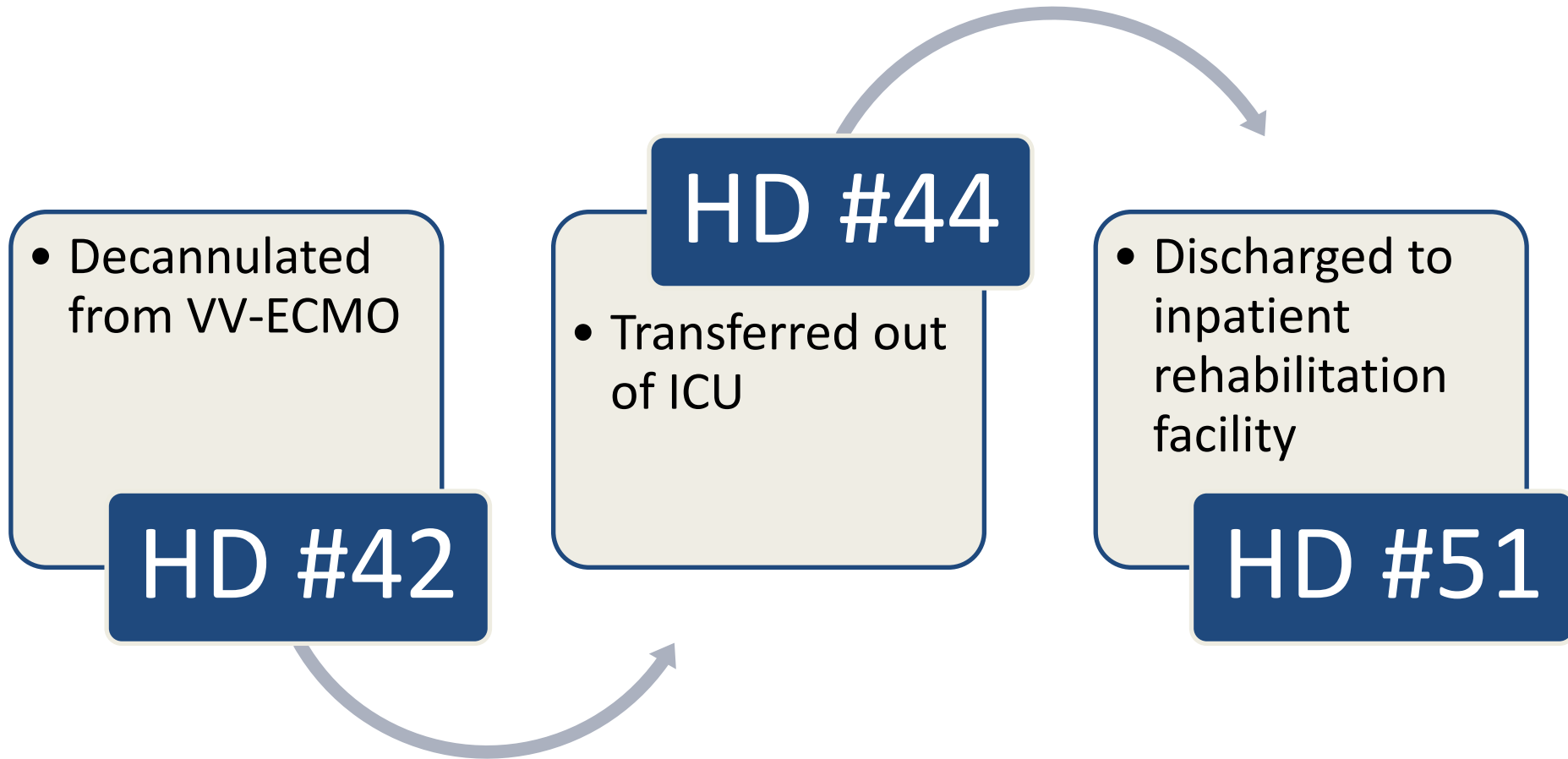
CXR at VV-ECMO Cannulation



CXR at RIJ Avalon Cannula Exchange



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CXR Prior to Discharge



Discussion by: Dr. Amit Parulekar

