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Analysis of the Causes of Mortality in Patients with Post-COVID Cavernosal Sinus Thrombosis

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BACKGROUND

Coronavirus disease 2019 (COVID-19) primarily manifests as a lung infection with symptoms ranging from mild upper respiratory tract infection to severe pneumonia and acute respiratory distress syndrome. However, other multisystem manifestations of the disease and associated complications, particularly cavernous sinus thrombosis, are increasingly common. The study aimed to analyze cases of fatal outcomes in patients with cavernous sinus thrombosis.

MATERIAL AND METHODS

We studied 93 patients with various manifestations of cavernous sinus thrombosis who had COVID-19 and were hospitalized in the purulent surgery department of the TMA multidisciplinary clinic. The most common lesions observed in patients were paranasal sinuses and the maxillofacial area, which were detected in 36.6% and 35.5% of cases, respectively. Involvement of the eyes in the process was manifested by orbital fissure syndrome, manifested by ophthalmoplegia, ptosis, exophthalmos, and enophthalmos of varying severity. It was detected in 26 patients (27.9%).

RESULTS

Having analyzed the timing of the clinical picture of cavernous sinus thrombosis after COVID-19, it was found that they most often manifest themselves within 7 to 14 days. In our study, there were 63 such patients, which is 67.7%; in second place, the manifestation oc-

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curred after 14 days, accounting for 20.4%. Less rarely, clinical manifestations occur up to 7 days after COVID-19. 81.7% of patients had a history of diabetes mellitus, while they had type II diabetes mellitus, and all of them received insulin of varying duration of action. Hypertension was diagnosed in 59 patients (63.4%), and in 48.4% of cases, patients had coronary heart disease. A study of the development of rhinosino-cerebral complications of cavernous sinus thrombosis showed that 71 patients had necrosis of the nasal mucosa and paranasal sinuses, 65.6% had eye complications of varying severity, and 9.6% of patients had cerebrovascular accidents. Analyzing the treatment results of patients, it is evident that only in 31.2% of cases patients were discharged with positive dynamics for subsequent treatment and observation in outpatient conditions, while more than half of the patients, 62 (66.7%), were taken home. The reasons for this were the severe condition of patients, refusal to perform surgical intervention, and deterioration of the condition after the surgery. They were interpreted as fatal outcomes. Two patients were transferred to the neurology department due to the progression of the clinical picture of acute cerebrovascular accident.

CONCLUSION

Thus, the obtained data on fatal outcomes showed that the main factors that probably influenced the outcome of the disease were the presence of concomitant diseases, old age, late seeking of medical care and the lack of standards for the management of patients with this pathology.