Heterotopic calcification in a patient with an ICU stay for COVID 19

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Clinical History

➢ Male, 41 yo
➢ No relevant medical history

➢ Hospitalisation in ICU for SARS-CoV2 with acute respiratory distress
  • Duration of ICU hospitalisation 30 days
  • Intubation 24 days
  • 3 days abdominal decubitus

➢ R/ Remdesivir 10 days, Plaquenil 10 days

➢ Complicated by :
  • Ventilation Associated Pneumonia
  • Post ICU tetraparesia
  • Pulmonary embolism
  • Drug induced insipid diabetis
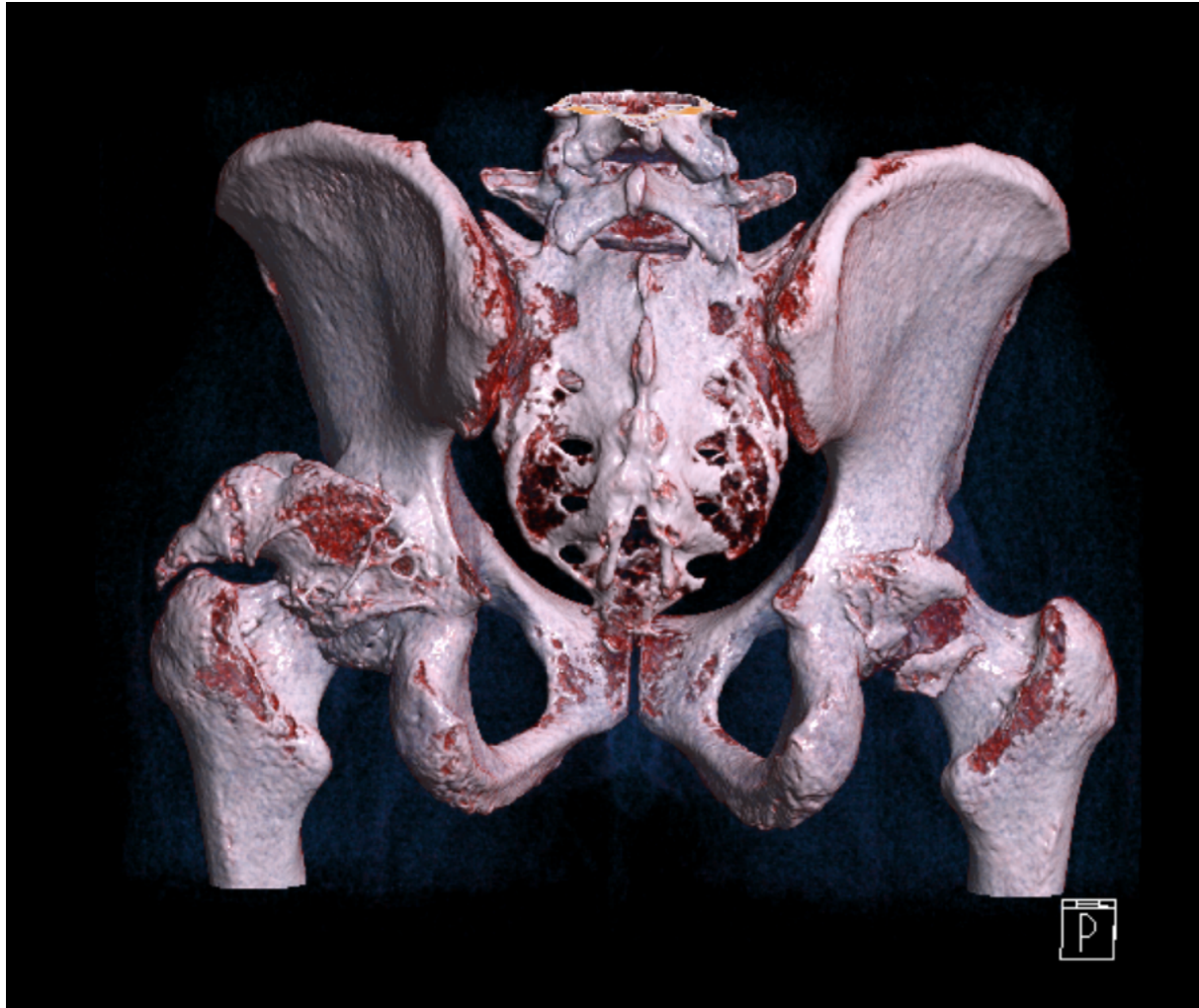 • Acute renal failure

Symptoms in the neurorehabilitation unit

➢ Painful motion limitation of both hips

➢ Nocturnal pain of the left hip

➢ No fever, no nocturnal sweating

➢ No local inflammatory sign

➢ No oedema of the lower limbs

Additionals tests

➢ Left and right hips radiography

➢ Ultrasound

➢ CT scan

➢ MRI

➢ Bloodtest

➢ EMG

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Treatment

➢ NSAID 7 days, with the approval of the medical referent for the pulmonary embolism

➢ Painkillers : Paracetamol 1g, 3x/d
Tramadol slow acting, 100 mg 2x/d, Tramadol fast acting 50 mg, if EVA > 5/10

➢ Pregabalin 150 mg 2x/d

➢ Physical therapy with joint mobilisation, stretching, muscular reinforcement

Evolution

➢ no more nocturnal pain
➢ No evolution of the pain in maximum range of motion in flexion and extension of the hips.
➢ No evolution in the hips range of motion

5 months laters :
➢ No persitent hip pain
➢ Persitant hip flexion limitation, internal rotation and abduction, no hip extension limitation

Conclusion

➢ A diagnosis not to miss in a patient with range of motion limitation and pain.

➢ Patient hospitalized in ICU for SARS-CoV2 with respiratory distress can often have risk factor of developing an heterotopic calcification

➢ Important to search for neurological or vascular compression.