

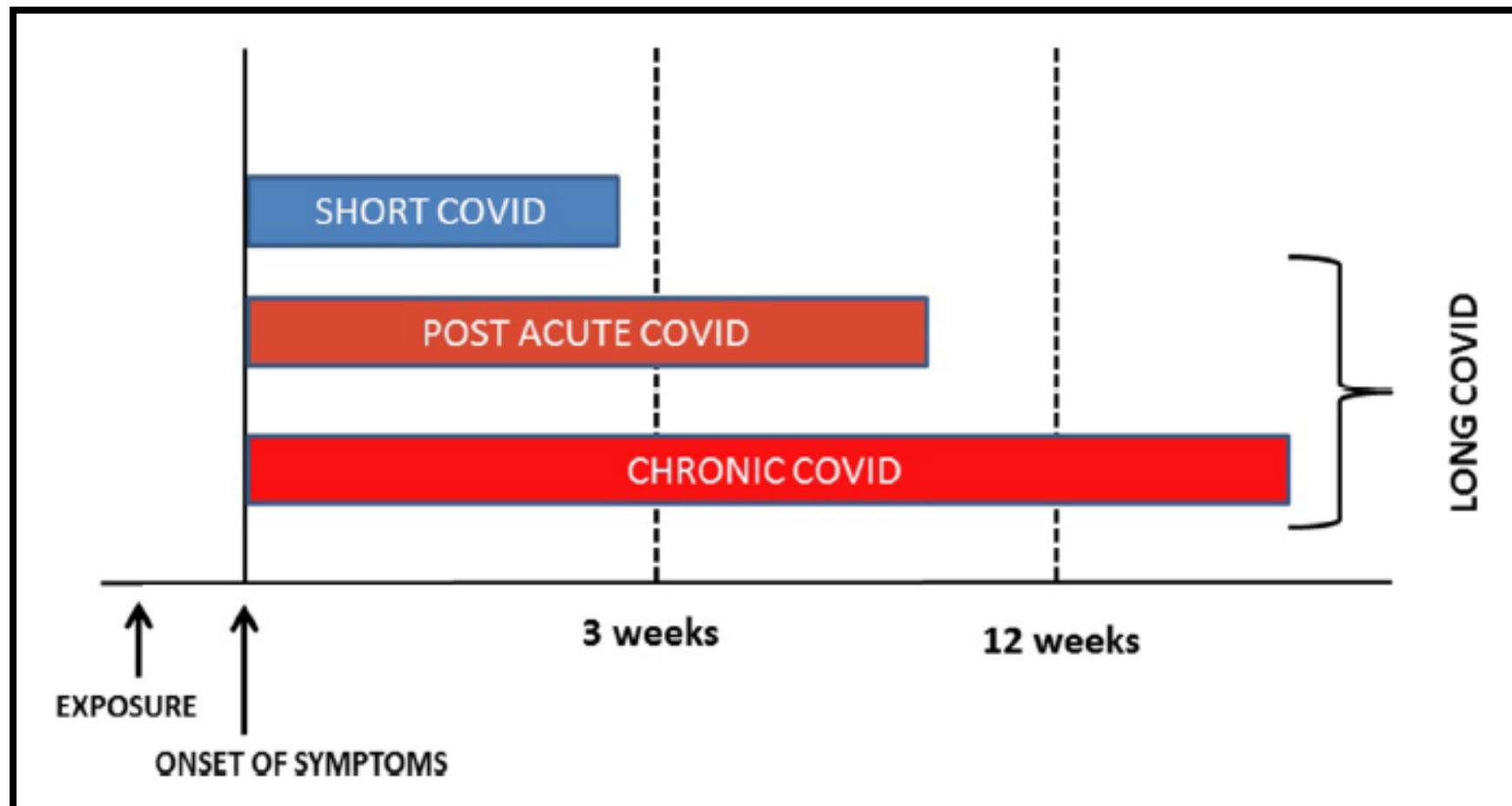
LONG COVID 19 E MALATTIE REUMATOLOGICHE



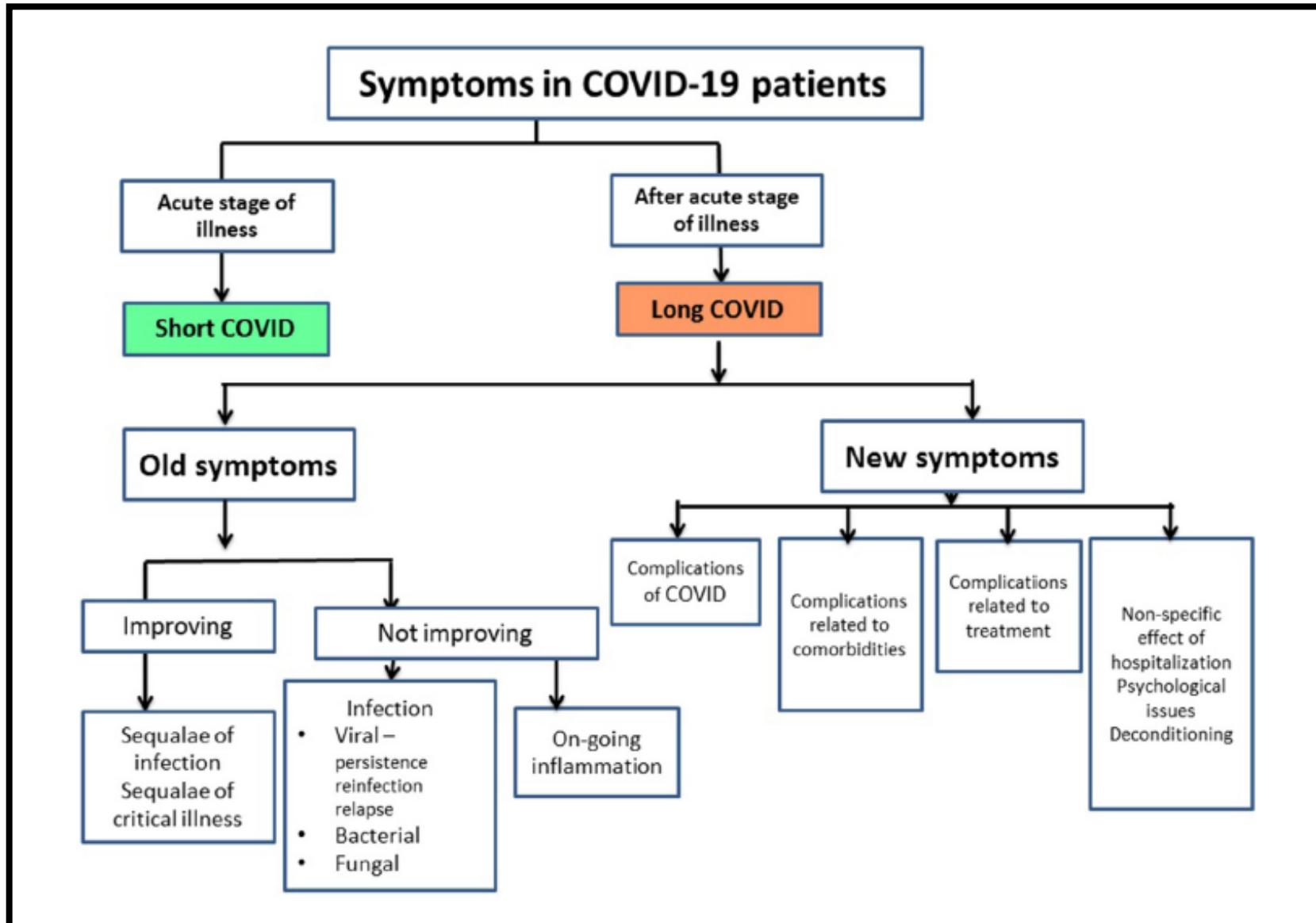
LACK OF UNIFIED, OFFICIAL AND ACCEPTED DEFINITIONS AND TERMINOLOGY FOR THIS SYNDROME

- Long COVID
- Long Covid 19
- Long-haul COVID
- Prolonged COVID
- Long-term complications of COVID 19
- Post-COVID syndrome
- Post-acute COVID 19 syndrome
- Chronic COVID 19
- Post-COVID-19 Condition (PCC)
- Long-Term Effects of COVID-19
- Post-Acute Sequelae of SARS-CoV-2 infection (PASC)
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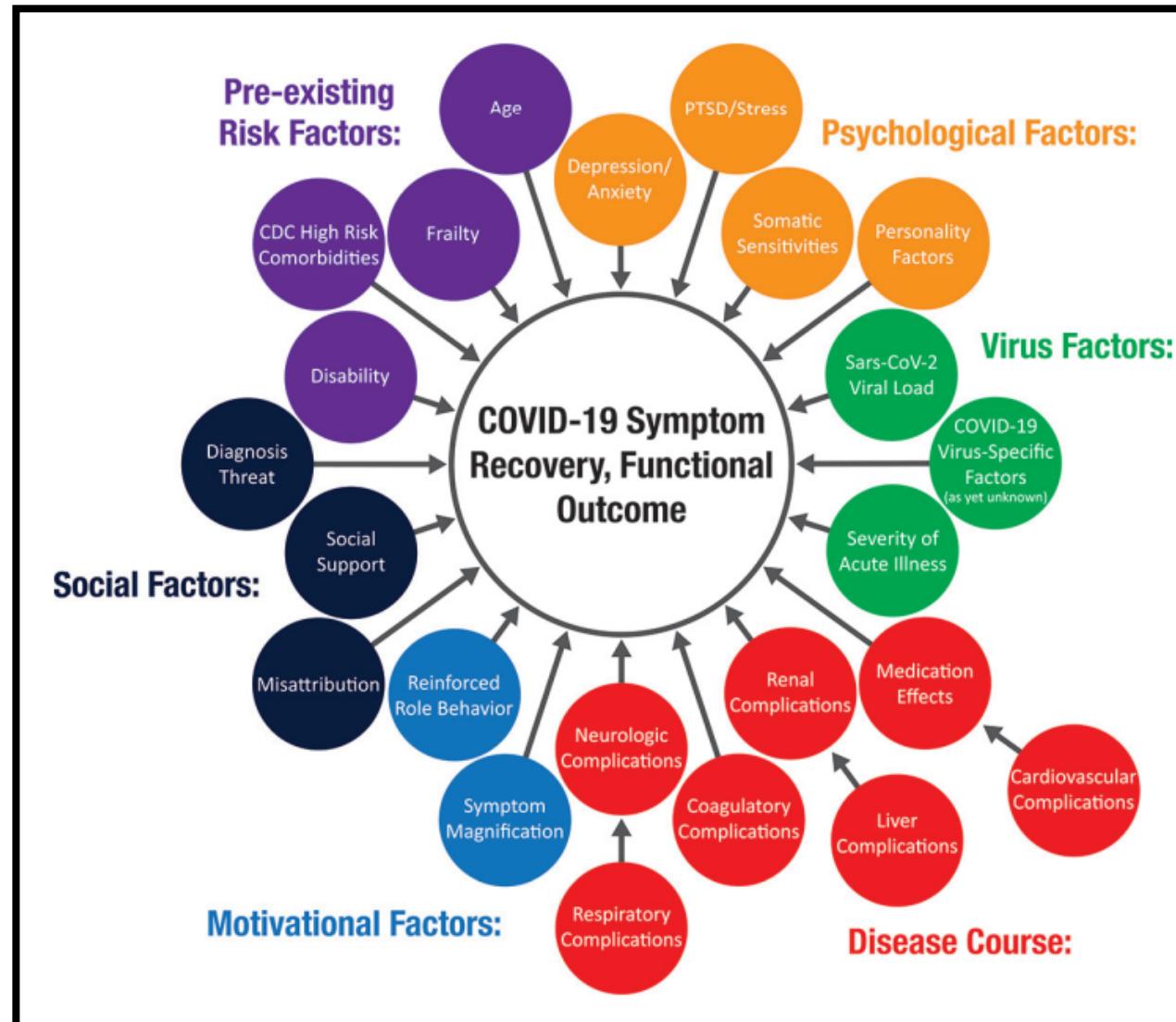
CLASSIFICATION OF COVID-19 DEPENDING UPON DURATION OF SYMPTOMS



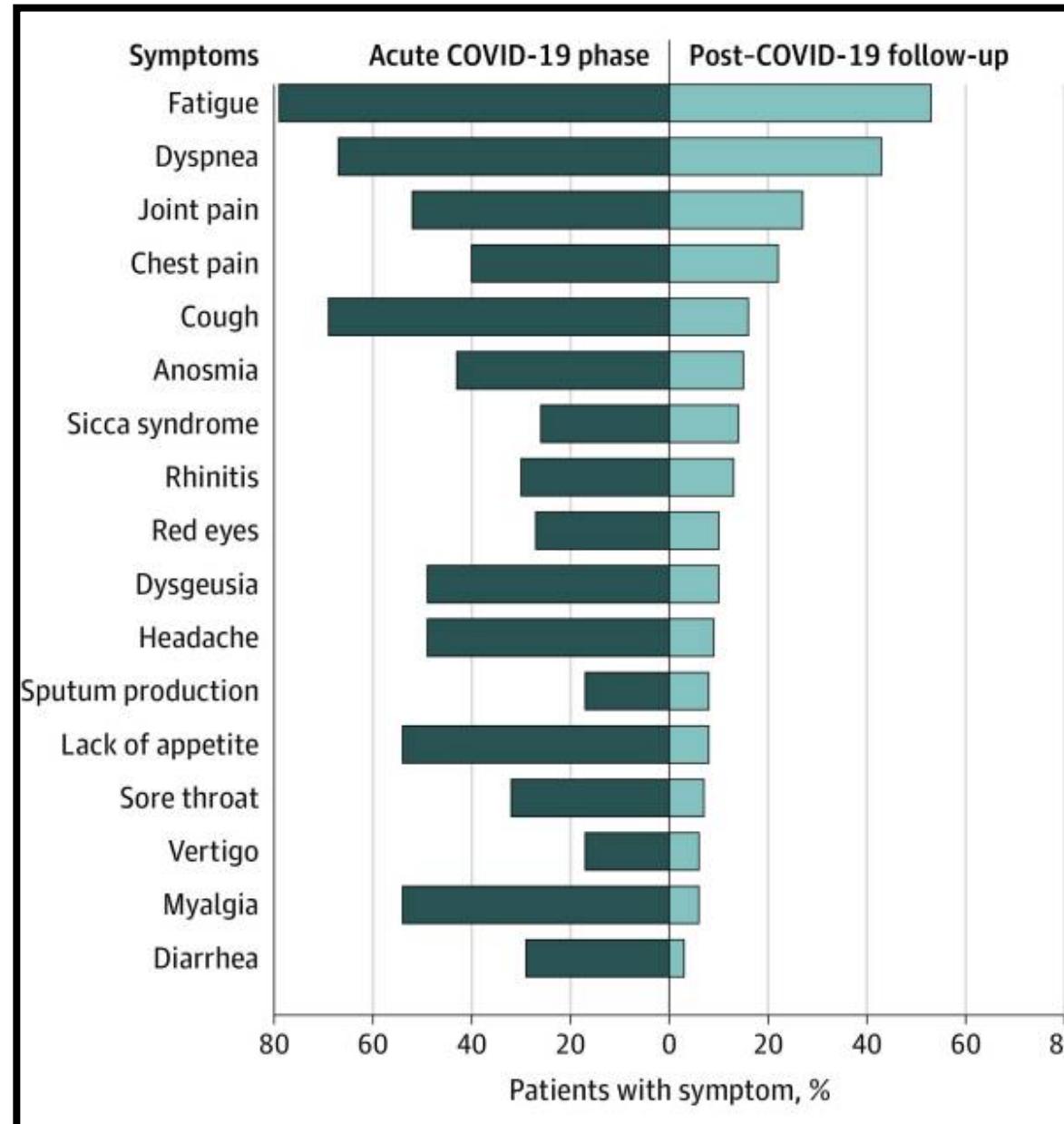
CHRONOSCENARIO OF SYMPTOMS LINKED TO COVID-19



POSSIBLE FACTORS INFLUENCING SYMPTOM REPORTING LONG AFTER A COVID-19 INFECTION



PERSISTENT SYMPTOMS IN 143 PATIENTS AFTER ACUTE COVID-19



More than 50 long-term effects of COVID-19: a systematic review and meta-analysis

- 47,910 patients (age 17–87 years)
- Follow up 14–100 days
- 80% of the infected patients with SARS-CoV-2 develop one or more long-term symptoms
- More than 50 long-term effects
- The three most common symptoms are:
 - fatigue (58%)
 - headache (44%)
 - attention disorder (27%)

Cosa resta dopo il contagio

15%
Difficoltà di concentrazione

13%
Perdita di olfatto

13%
Perdita del gusto

13%
Decadimento cognitivo

13%
Deficit di memoria

12%
Mal di testa

12%
Crampi

11%
Vertigini

3%
Tremori

0,6%
Convulsioni

9%
Perdita di capelli

5%
Deficit visivo

5%
Dolori addominali

6%
Diarrea

3%
Vomito

7%
Perdita di appetito

4%
Eruzioni cutanee

19%
Ansia

18%
Disturbo del sonno

16%
Depressione

14%
Disturbo da stress post traumatico

11%
Palpitazioni

11%
Dolore al petto

3%
Arrossamento della pelle

11%
Ipertensione

7%
Perdita di peso

16%
Mialgia

20%
Dolore

16%
Sintomi influenzali

8%
Febbre

31%
Fatica

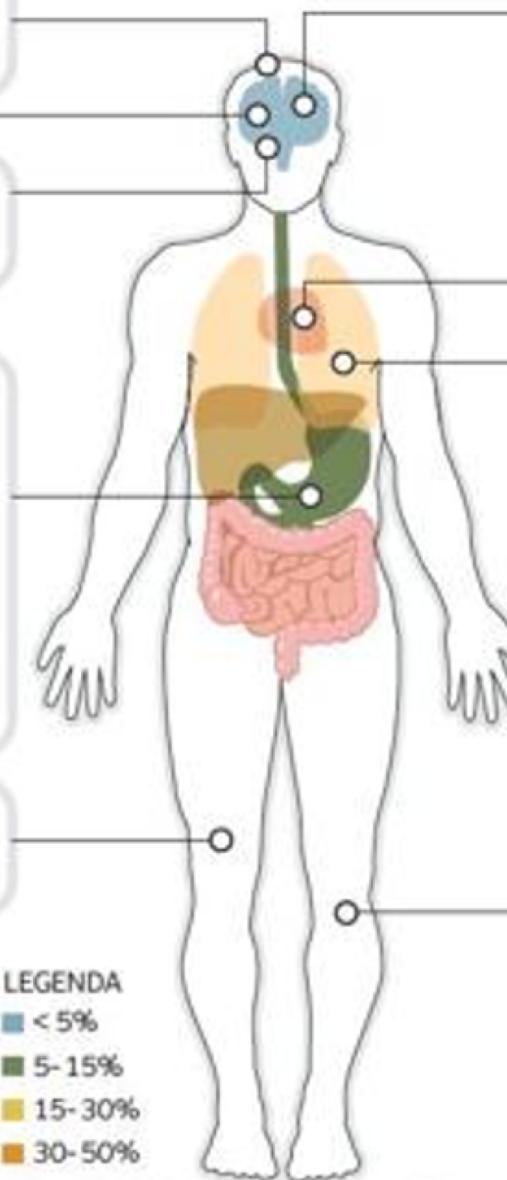
15%
Dolori articolari

8%
Mal di gola

6%
Sudore

16%
Ridotta qualità della vita

3%
Congiuntivite

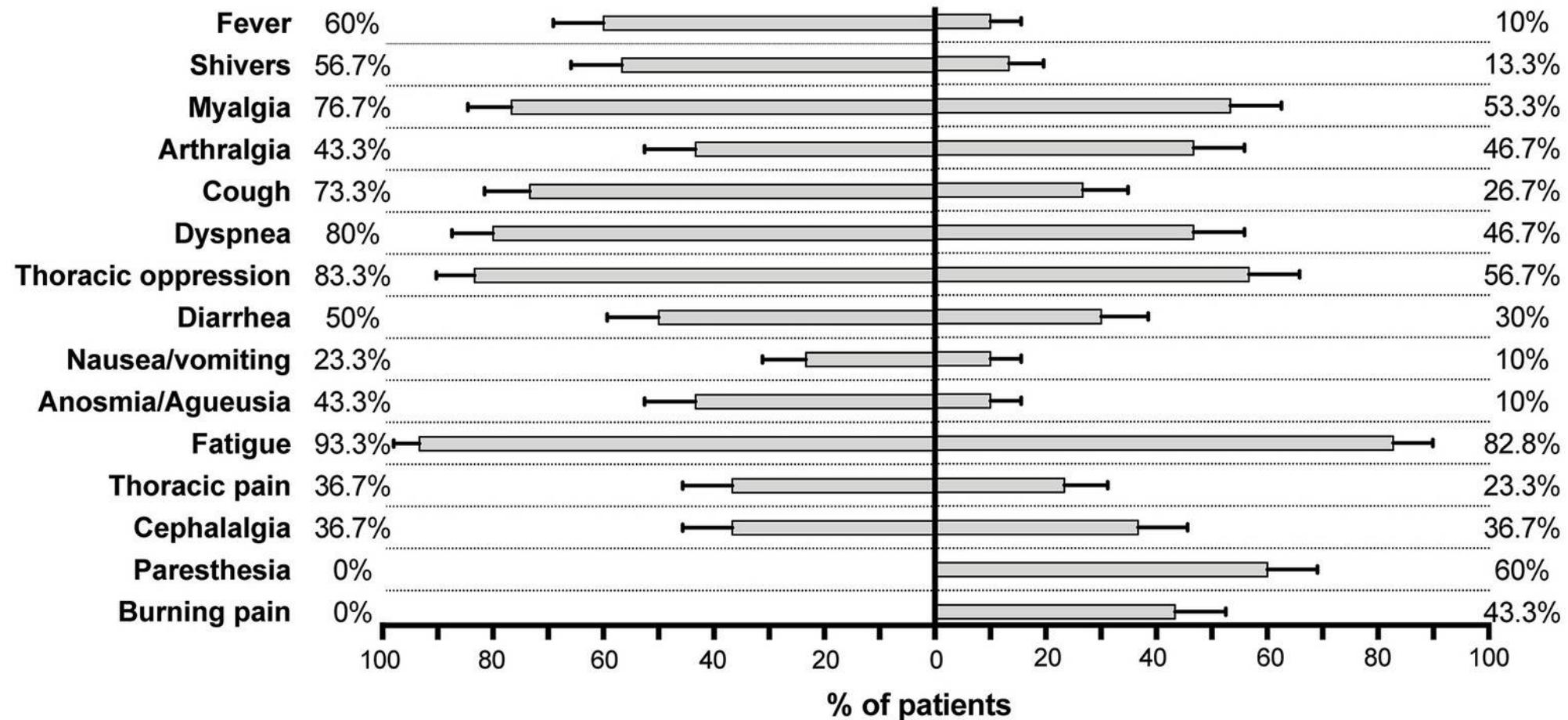


LEGENDA
■ < 5%
■ 5-15%
■ 15-30%
■ 30-50%

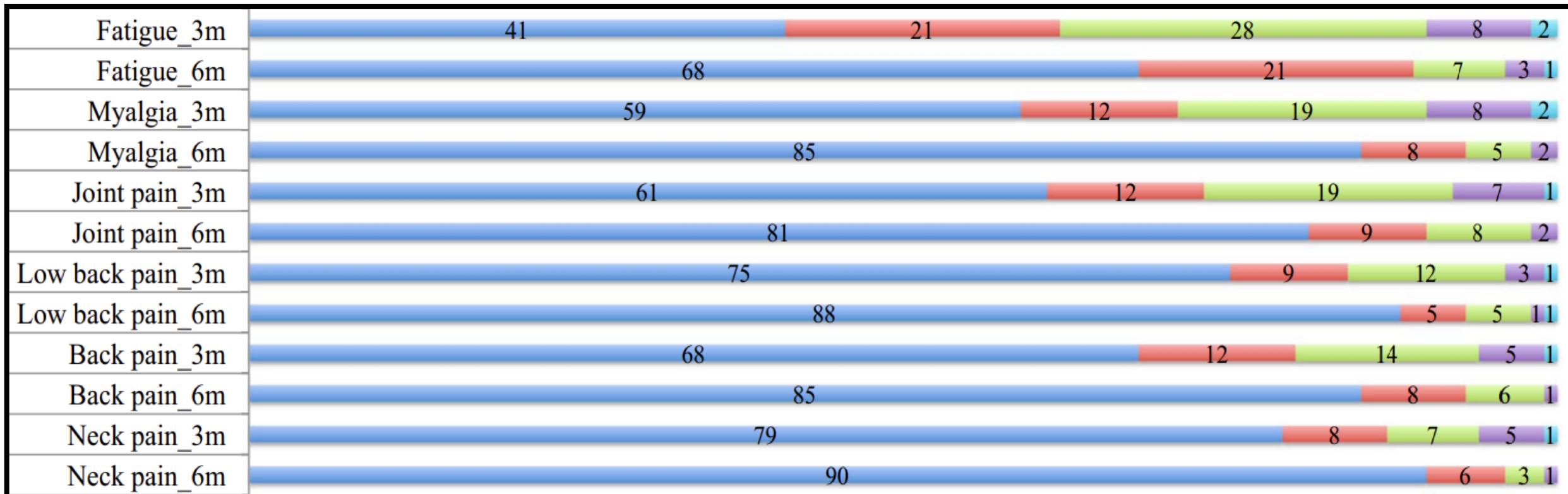
56,9%

Le persone guarite dal Covid che registrano almeno un sintomo dopo la malattia

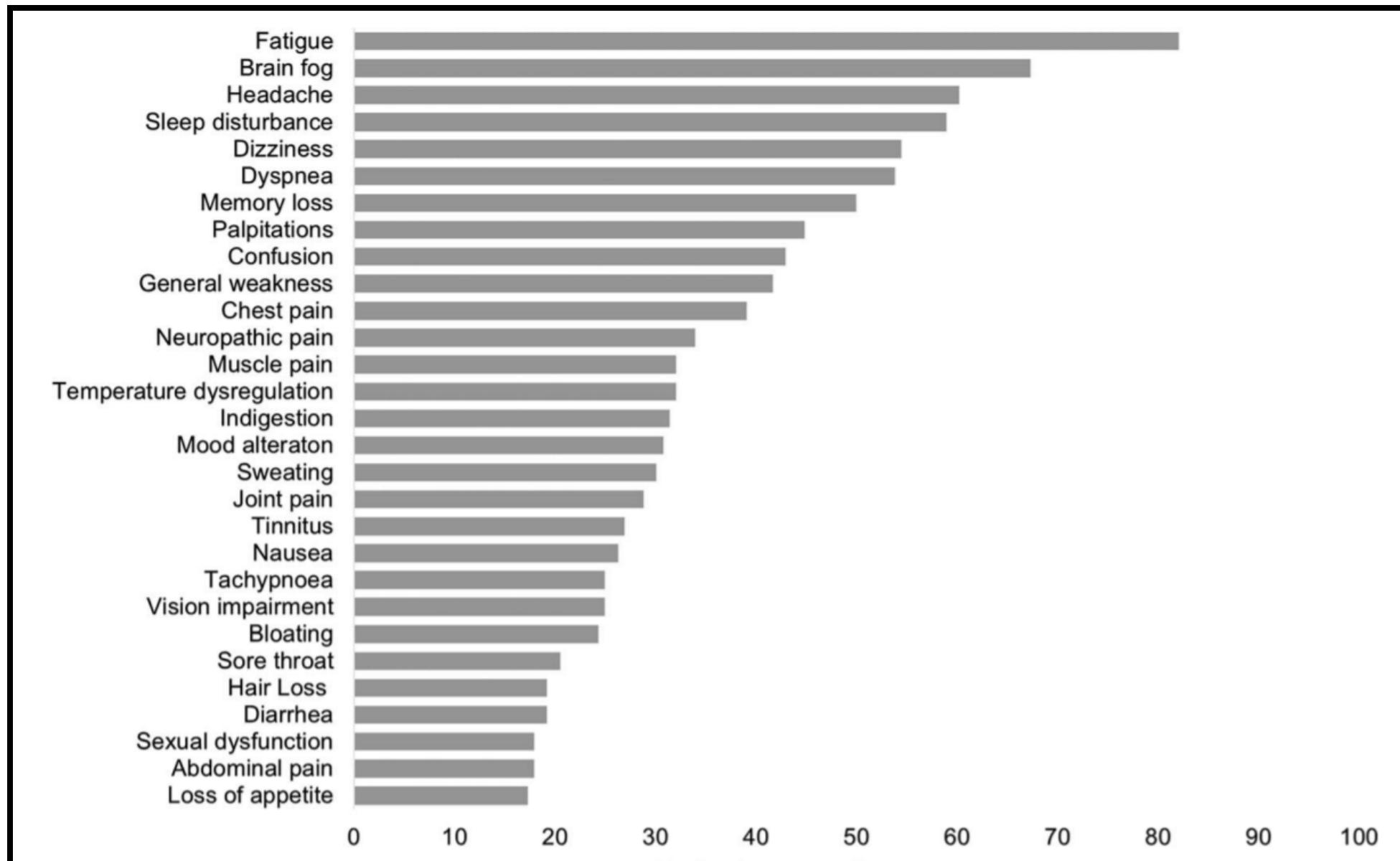
LONG-COVID SYMPTOMS TYPICAL OF FIBROMYALGIA



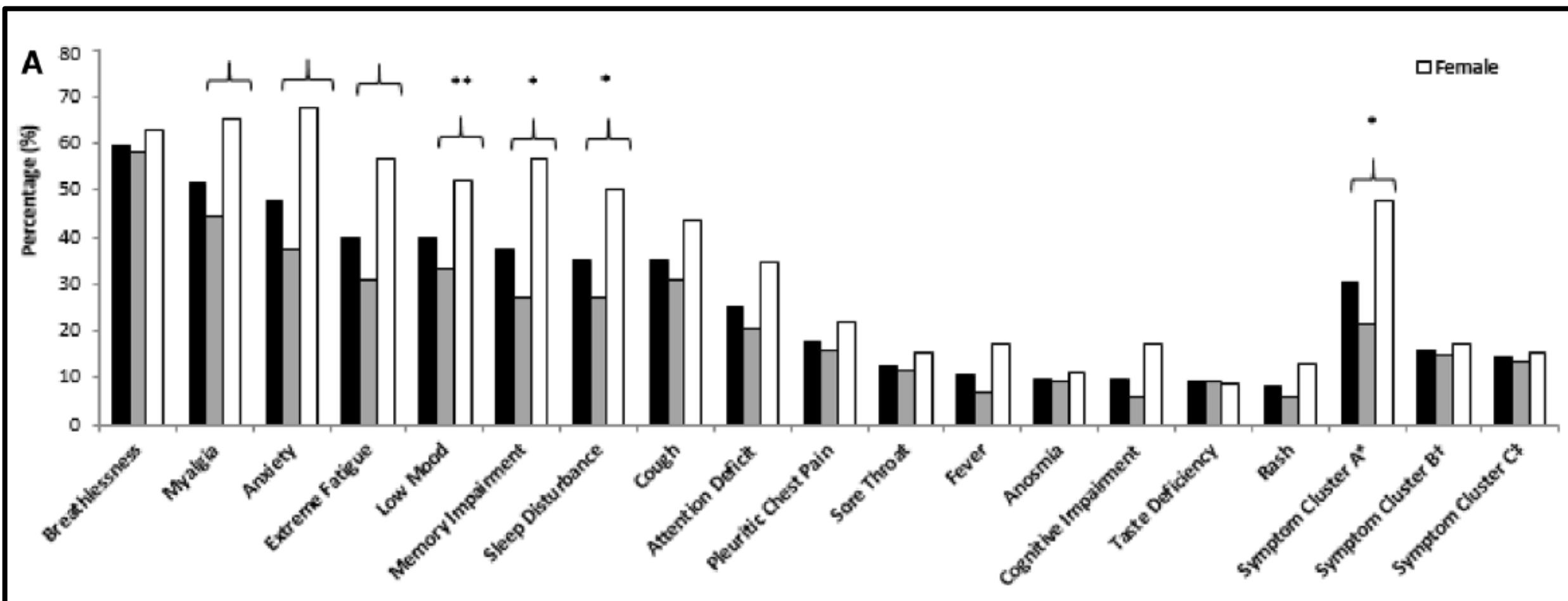
Long COVID: rheumatologic/musculoskeletal symptoms in hospitalized COVID-19 survivors at 3 and 6 months



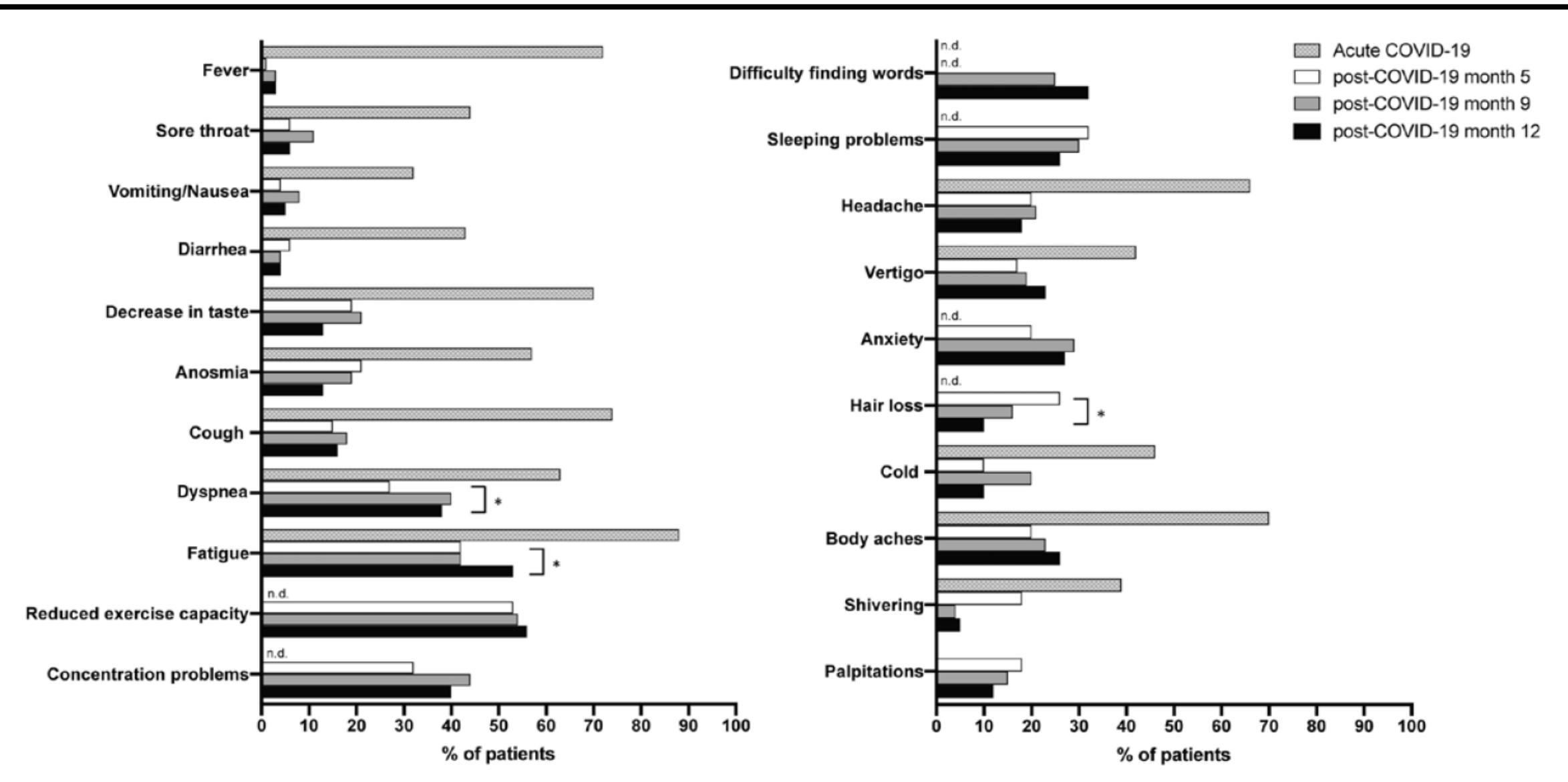
LONG-COVID: MOST PERSISTENT SYMPTOMS IN A COHORT OF 156 NY PATIENTS



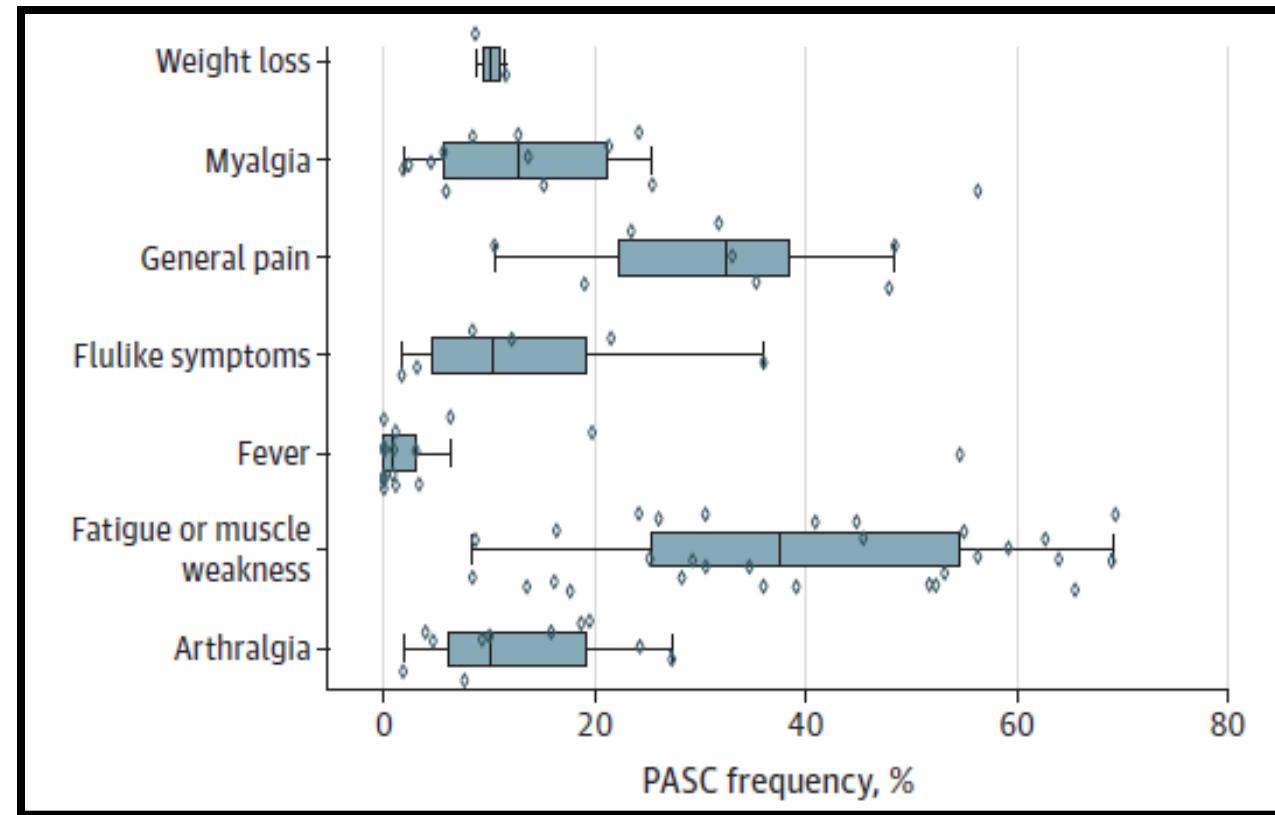
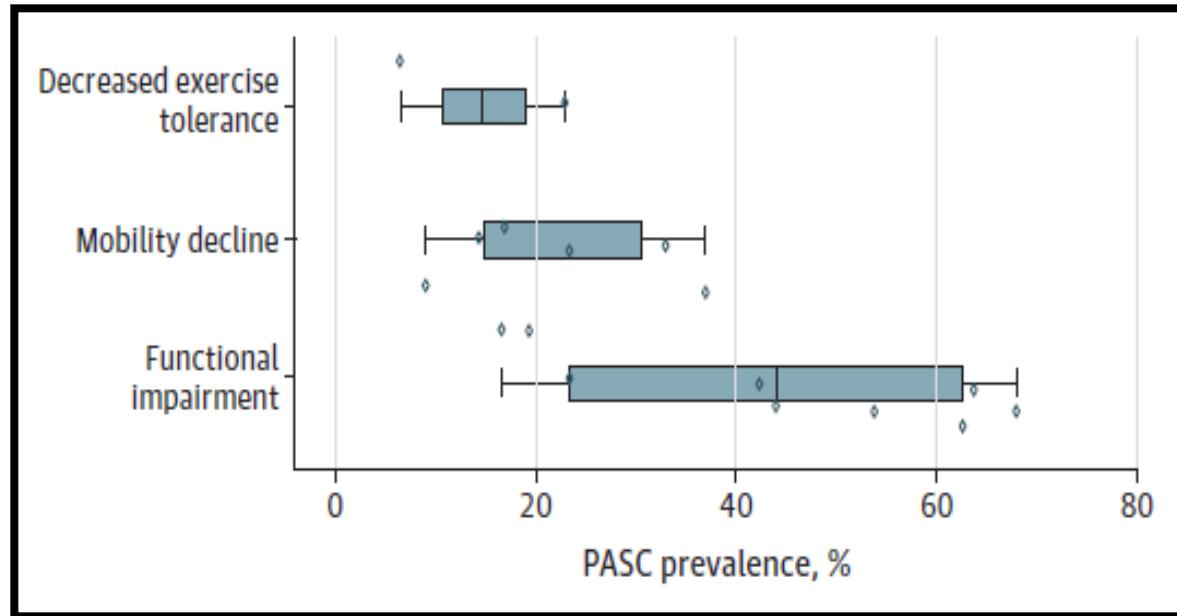
LONG COVID: MOST COMMONLY REPORTED SYMPTOMS



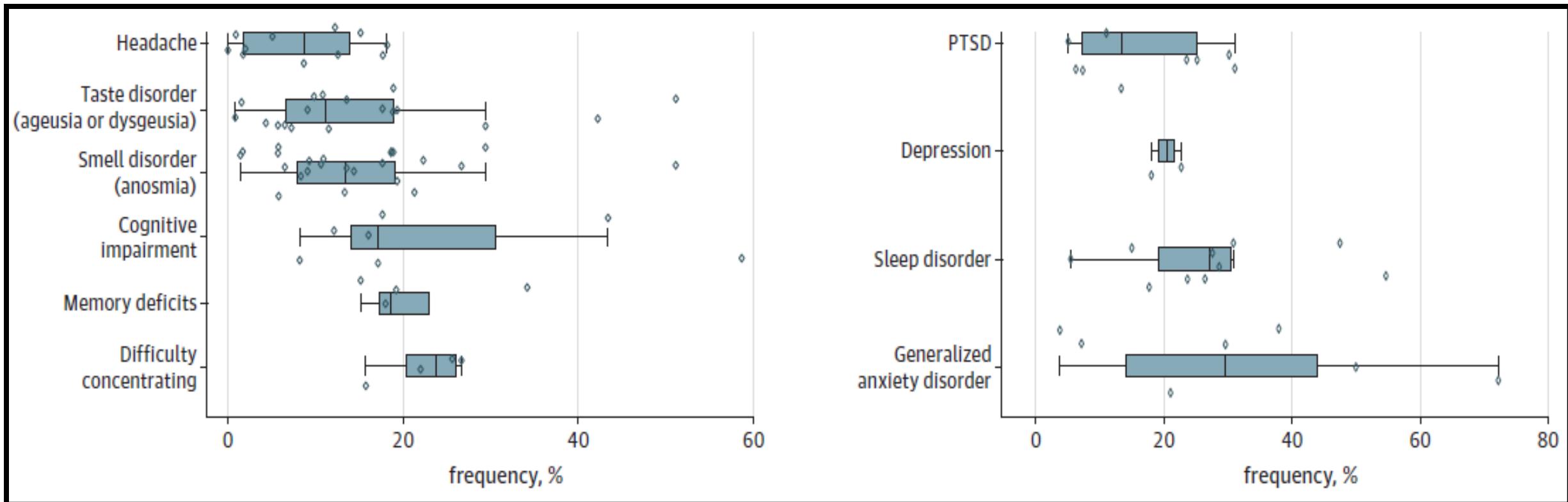
FREQUENCIES OF SYMPTOMS IN A STUDY COHORT OF 96 PATIENTS



A SYSTEMIC REVIEW SEQUELAE OF COVID-19 SYMPTOMS TYPICAL OF FIBROMYALGIA



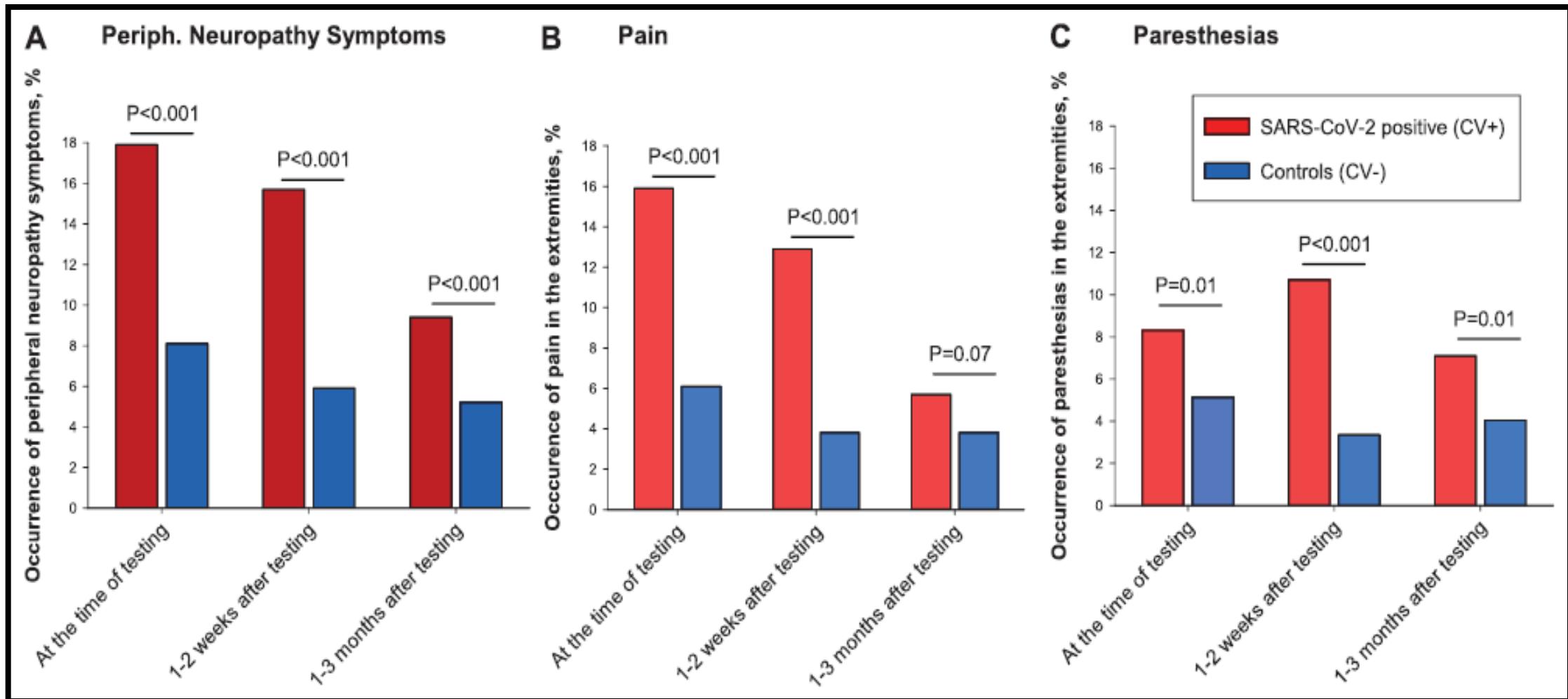
ADDITIONAL FIBROMYALGIA SYMPTOMS OF POST-ACUTE COVID-19



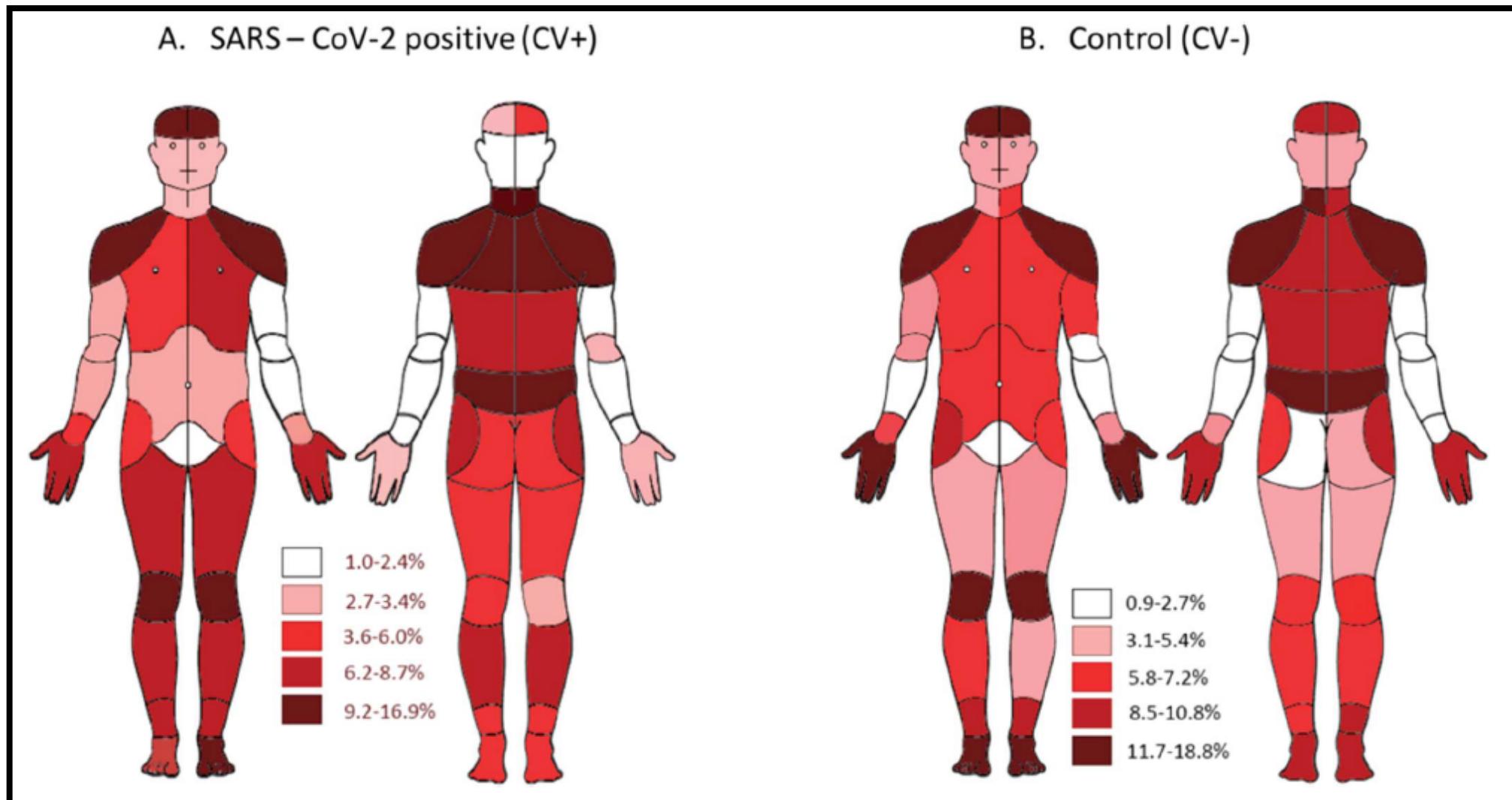
A NEW RHEUMATOLOGICAL ENTITY

- Post-Acute Covid-19 Syndrome (PACS) is an emerging entity characterised by a large array of manifestations.
- Clinical features of PACS include musculoskeletal complaints, fatigue, cognitive impairment and sleep disturbances.
- Similar symptoms are present in patients with fibromyalgia.
- According to a web-based survey involving 616 (77% w) italian subjects with PACS, 139 (31%) satisfied criteria for fibromyalgia.
- Male gender and obesity were the strongest risk factors for fibrocovid.

PREVALENCE OF REPORTED PAIN AND PARESTHESIA SYMPTOMS IN THE EXTREMITIES



ANATOMICAL DISTRIBUTION OF PATIENT-REPORTED PAIN



FATICA

- La comparsa è indipendente dalla gravità e dalla durata della fase acuta.
- Le percentuali riportate sono molto alte e variabili.
- Viene descritta come un profondo senso di stanchezza che compromette l'energia, la vitalità, l'entusiasmo e le motivazioni professionali e sociali.
- Frequenti concomitanze di facile affaticamento e deficit cognitivo (nebbia cerebrale), cefalea, disturbi del sonno, depressione, ansia e sintomi ossessivo-compulsivi.
- Correlazione con la durata e la qualità della malattia, della quarantena e dell'isolamento.
- Fattori favorenti: età, stato sociale, comorbidità, vulnerabilità psico-fisica.
- Meccanismo patogenetico polifattoriale (fattori centrali e/o periferici e /o psicologici).
- Prognosi generalmente favorevole

RHEUMATOLOGICAL CONDITIONS DESCRIBED FOLLOWING RESOLUTION OF THE ACUTE COVID-19

- Inflammatory arthritis
 - Reactive arthritis
 - PsA
 - RA
 - Spondyloarthropathy
 - Microcrystal-induced arthritis
 - Palindromic rheumatism
- MSK
 - Osteonecrosis
 - Reduced BMD
 - Sarcopenia
- Autoimmune rheumatic diseases
 - Sjögren's syndrome
 - SLE
 - Myositis
 - Systemic sclerosis
 - Vasculitis (cutaneous, LV, SV, IgA, Kawasaki-like)
 - Diffuse lymphadenopathy syndrome

REACTIVE ARTHRITIS

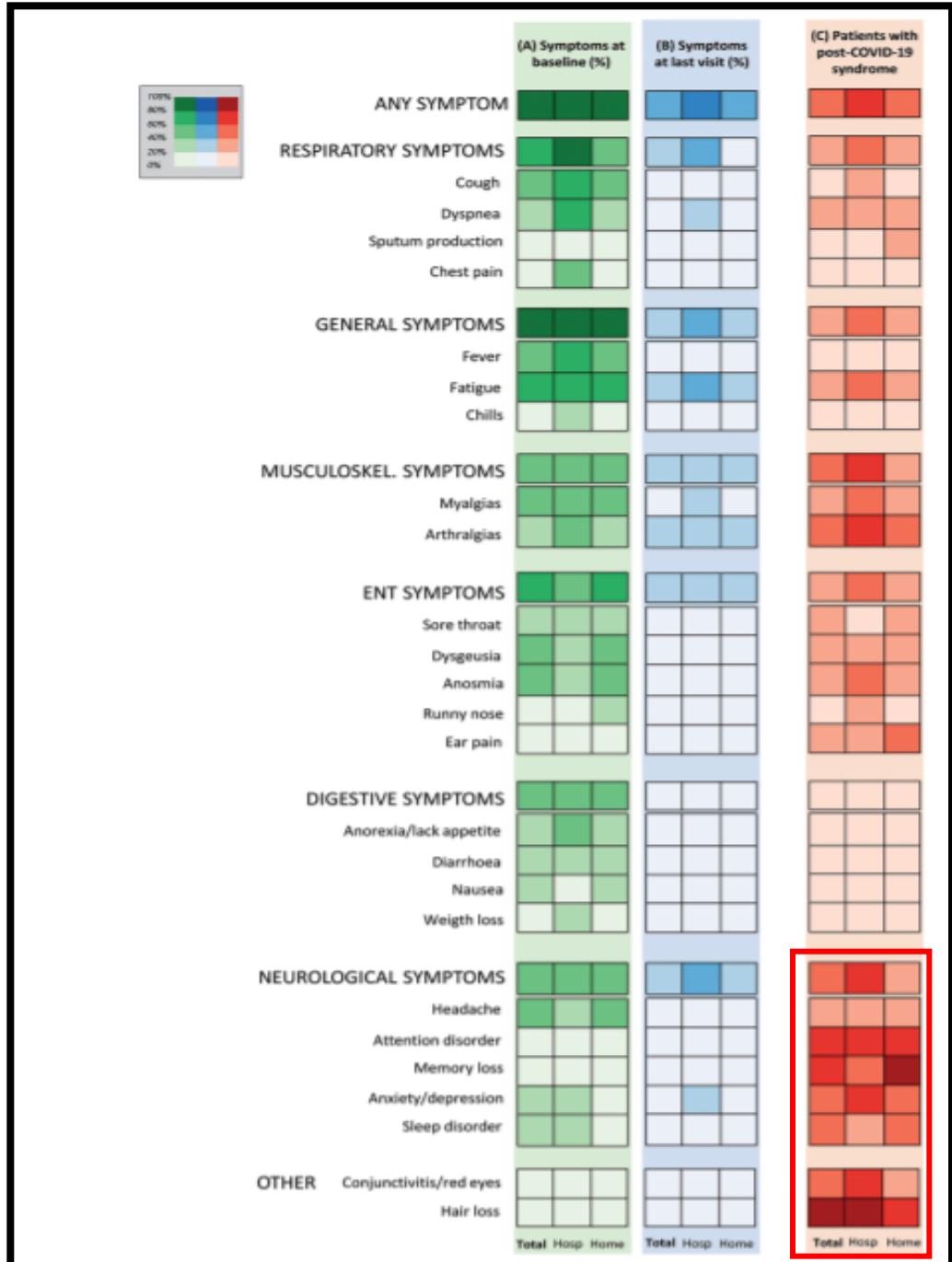
- ReA is a sterile, often transient arthritis occurring after a distant mucosal infection and is part of the SpA spectrum
- ReA pathogenesis is not fully characterized, but it seems that molecular mimicry and/or host response against infection and/or environmental triggers operate in the context of a strong genetic background
- The disease occurs 1 to 4 weeks after infection and affects more commonly young adults aged 20 to 40
- ReA can become chronic in ~30% of cases

SERONEGATIVE(SPONDYLO)ARTHRITIS AND RHEUMATOID ARTHRITIS

- M HLA B27+ve with axial and peripheral spondyloarthritis; complete (clinical and MRI) resolution at three-month.
- A patient with transient (six weeks) monoarthritis and psoriatic skin lesions (no previous history of dactylitis or arthritis).
- 2 M (HLA B27+ve) and W (HLA B27-ve) with axial spondyloarthritis; clinical improvement after treatment.
- 2 W (HLA B27-ve / no HLA B27 tested) with sacroiliitis and peripheral arthritis; clinical improvement over the following months while MRI remained unchanged.
- W with dactilitis of the left toes; resolution after treatment.
- 5 (M/W) patients with seropositive persistent RA.
- W with palindromic rheumatism which progressed to seropositive RA.

AUTOIMMUNE DISEASES

- 7 (M/W) with SLE
- M with autoimmune necrotising myopathy (myositis)
- 10 (M/W) with LVV
- W with systemic sclerosis
- Long-term persistence of Covid-19 symptoms in 57% of 132 (126 W - 6M) patients with pSS (*Brito-Zerón P et al. Sjögren Big Data Consortium. Clin Exp Rheumatol 2021 Nov-Dec; 39 Suppl 133(6): 57-65.*)



CONCLUSIONI

- Il Long-Covid ha un rilevante impatto clinico sui pazienti reumatologici.
- Le manifestazioni reumatologiche del Long-Covid sono molteplici.
- Occorre identificare precocemente i soggetti più a rischio perché più vulnerabili e prevedere specifiche misure assistenziali.
- I soggetti fibromialgici sono da considerare particolarmente vulnerabili.
- Il sistema sanitario deve prevedere e adottare misure socio-economiche per rendere sostenibile gli effetti del Long-Covid.
- La recente esperienza, non ancora conclusa, deve fornire ai decisori indicazioni utili per fronteggiare adeguatamente e prontamente future minacce pandemiche.