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RESEARCH ARTICLE

CLINICAL PROFILE OF COVID-19 PATIENTS

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ABSTRACT

Background and Aims: Corona Virus Disease-19 (COVID-19) has gripped the population globally. The present study determined clinical profile of COVID-19 patients. **Methods:** This study included 100 COVID-19 patients admitted in DCC, Parour, Himachal Pradesh, India from Jan 2022 to Feb 2022. **Results:** In this study, 28% patients' age was 51 to 60 years, 42% patients age >60 years, 13% patients aged 31 to 40 years, 11% patients aged 41 to 50 years. Sixty percent study subject were males and 40% female. 93% of the patients had fever, 79% patients had cough, 69% had myalgia, 61% of the patients had breathlessness and 60% of the patients had sore throat. In our study, 60% of the patients had raised CRP level (≥ 10). 73% patients discharged and 27% of the patients refer to other hospital. **Conclusion:** The study findings add to the previous knowledge available on clinical profile of COVID-19.

INTRODUCTION

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes a respiratory infection with a highly variable clinical course that is dependent on host and organism factors. Pneumonia is the most frequent serious manifestation of infection, characterized primarily by fever, cough, dyspnea, and bilateral infiltrates on chest imaging (Fu et al., 2020). Although some clinical features (in particular smell or taste disorders) are more common with COVID-19 than with other viral respiratory infections (Struyf, 2020). The clinical spectrum of SARS-CoV-2 infection ranges from asymptomatic infection to critical and fatal illness. Severe disease (e.g., with hypoxia and pneumonia) has been reported in up to 15%-20% of symptomatic infections; it can occur in otherwise healthy individuals of any age but predominantly occurs in adults with advanced age or certain underlying medical comorbidities. The majority of cases are usually self-limiting with low-grade fever, sore throat, myalgia and cough (Zhou, 2020), in others, disease can be progressed to severe disease in the form of acute respiratory distress syndrome and it can be fatal (Zhou, 2020). SARS Cov 2 infection in patients with pre-existing co-morbidities have poor outcome (Guan et al., 2020). In this study, we determined clinical profile of COVID-19 in this region.

METHODS

This observational study was conducted on patients admitted in DCC, Parour, Himachal Pradesh, India from Jan 2022 to Feb 2022. COVID-19 infection was diagnosed by RT-PCR and rapid antigen test (RAT) technique.

Patients data like age, sex, clinical symptoms and co morbidities like hypertension, diabetes, metabolic disorders, cardiac disorders, respiratory disorders was confirmed by patients history. Data were entered in the excel spread sheet. Data were expressed as frequency, percentages.

RESULTS

General characteristics: In this study, 28% patients' age was 51 to 60 years, 42% patients age >60 years, 13% patients aged 31 to 40 years, 11% patients aged 41 to 50 years. Sixty percent study subject were males and 40% female (Table 1).

Table 1. General Characteristics

Age Group (Years)	Frequency	Percentage
<30	6	6.0
31-40	13	13.0%
41-50	11	11.0%
51-60	28	28.0%
>60	42	42.0%
Sex		
Male	65	65.0
Female	35	35.0

Symptoms: In our study, 93% of the patients had fever, 79% patients had cough, 69% had myalgia, 61% of the patients had breathlessness and 60% of the patients had sore throat (Table 2).

Table 2. Symptoms

Symptoms	Frequency	Percentage
Fever	93	93.0%
Cough	79	79.0%
Breathlessness	61	61.0
Myalgia	69	69.0%
Sore throat	60	60.0%

CRP levels: In our study, 60% of the patients had raised CRP level (≥ 10) (Table 3).

Table 3. CRP

CRP	Frequency	Percentage
<10	40	40.0%
≥ 10	60	60.0%

Oxygen requirement: In this study, 68% of the patients needed oxygen (Table 4).

Table 4. Clinical outcome

	Frequency	Percentage
Oxygen requirement	68	68.0%
Room air	32	32.0%

Outcome: In this study, 73% patients discharged and 27% of the patients refer to other hospital (Table 5).

Table 5. Outcome

CRP	Frequency	Percentage
Discharge	73	73.0%
Refer	27	27.0%

DISCUSSION

In our study, we found that, elderly patients were more affected with disease. Bonanad *et al* concluded the largest increase in mortality risk was observed in patients aged 60 to 69 years (Bonanad, 2020). In our study, 65% males were predominantly affected. Meta-analysis conducted by Biswas *et al* concluded that males were predominantly affected, and more risk for severe form of disease (Biswas, 2020). In this study, 60% patients had raised CRP levels. A study conducted by Sahu *et al* concluded that concentrations of CRP remained high in patients who died of COVID-19 infection and could be a promising biomarker for assessing disease lethality (Sahu, 2020).

A study conducted by Wang L concluded that, in the early stage of COVID-19 CRP levels were positively correlated with lung lesions and could reflect disease severity (Wang, 2020). A study conducted by Chen *et al* concluded that, the level of plasma CRP was positively correlated to the severity of COVID-19 pneumonia (Chen, 2020).

Conclusion

COVID-19 affects predominantly elderly people with male predominance. The increased CRP levels could be useful marker for the early diagnosis of disease.

REFERENCES

- Fu L, Wang B, Yuan T, Chen X, Ao Y, Fitzpatrick T, et al. Clinical characteristics of coronavirus disease 2019 (COVID-19) in China: A systematic review and meta-analysis. *J Infect.* 2020;80:656–65.
- Struyf T, Deeks JJ, Dinnes J, Takwoingi Y, Davenport C, Leeftang MM, et al. 2020. Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID-19 disease. *Cochrane Database Syst Rev.*, 7:CD013665.
- Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet Lond Engl.*, 395:1054–62.
- Guan W jie, Liang W hua, Zhao Y, Liang H rui, Chen Z sheng, Li Y min, et al. 2020. Comorbidity and its impact on 1590 patients with COVID-19 in China: a nationwide analysis. *Eur Respir J.*, 55:2000547.
- Biswas M, Rahaman S, Biswas TK, Haque Z, Ibrahim B. 2020. Association of Sex, Age, and Comorbidities with Mortality in COVID-19 Patients: A Systematic Review and Meta-Analysis. *Intervirology.*, 1–12.
- Bonanad C, García-Blas S, Tarazona-Santabalbina F, Sanchis J, Bertomeu-González V, Fácila L, et al., 2020. The Effect of Age on Mortality in Patients With COVID-19: A Meta-Analysis With 61 1,583 Subjects. *J Am Med Dir Assoc.*, 21:915–8.
- Sahu BR, Kampa RK, Padhi A, Panda AK. 2020. C-reactive protein: A promising biomarker for poor prognosis in COVID-19 infection. *Clin Chim Acta Int J Clin Chem.*, 509:91–4.
- Wang L. 2020. C-reactive protein levels in the early stage of COVID-19. *Med Mal Infect.* 50:332–4.
- Chen W, Zheng KI, Liu S, Yan Z, Xu C, Qiao Z. Plasma CRP level is positively associated with the severity of COVID-19. *Ann Clin Microbiol Antimicrob.* 2020;19:18.
