

1. **On NSAIDs, Steroids, and COVID-19: The Saga continues**
 - There's still no evidence of adverse reactions or worsened outcomes with the use of NSAIDs in the context of COVID-19, and hence there's still no evidence-based verdict.
 - To read more about the controversy, you can check this [discussion](#)
2. **Hypokalemia**

Hypokalemia seems to be prevalent in patients with COVID-19 according to this Chinese [study](#). The correction of hypokalemia is challenging because of continuous renal K⁺ loss resulting from the degradation of ACE2. The end of urine K⁺ loss indicates a good prognosis and may be a reliable, in-time, and sensitive biomarker directly reflecting the end of adverse effect on RAS system
3. **GI symptoms and fecal transmission??**

Early [GI Symptoms](#) in COVID-19 may indicate fecal transmission according to two reports published in *Gastroenterology*. The GI manifestations are consistent with the distribution of ACE2 receptors, which serve as entry points for SARS-CoV-2, as well as SARS-CoV-1, which causes SARS. The receptors are most abundant in the cell membranes of lung AT2 cells, as well as in enterocytes in the ileum and colon.
4. **COVID-19 in Neonates**

More reports are coming in on infection in neonates. A new [report](#) from China is on a 55-day old baby girl who presented with pneumonia, liver injury, and heart damage
5. **Risk factors associated with ARDS**

In a Chinese cohort [study](#) involving 201 patients with confirmed COVID-19 pneumonia, risk factors associated with the development of ARDS and progression from ARDS to death included older age, neutrophilia, and organ and coagulation dysfunction. Treatment with methylprednisolone may be beneficial for patients who develop ARDS.
6. **Asymptomatic carriers**

50-75% (a high range!) of infected cases in a small village in [Tuscany](#) were asymptomatic. A [similar](#) number (50%) was found on the Diamond Princess cruise ship (although a follow up [study](#) adjusting for people who left gets this number down to 20%)
7. **CT changes in asymptomatic carriers vs symptomatic patients**

This [study](#) on cases from the Diamond Princess cruise ship showed a high incidence of subclinical CT changes in cases with COVID-19. Compared to symptomatic cases, asymptomatic cases showed more GGO (ground glass opacities) over consolidation and milder extension of disease on CT.

Of 112 cases analyzed, 82 (73%) were asymptomatic, 44 (54%) of which had pneumonic changes on CT. Other 30 (27%) cases were symptomatic, 24 (80%) of which had abnormal CT findings.

Asymptomatic cases showed more GGO predominance over consolidation (80%), while symptomatic cases were more likely to show a consolidation predominance over GGO (38%).

Asymptomatic cases showed milder CT severity score than symptomatic cases.
8. **Neurological involvement**

In this [article](#), researchers explain how SARS-CoV-2 can target the CNS through the ACE2 receptor. They conclude by saying that although the cerebral damage may complicate a COVID-19 infection, it appears that it is the widespread dysregulation of homeostasis caused by pulmonary, renal, cardiac, and circulatory damage that proves fatal in COVID-19 patients. With that being said, a dominant cerebral involvement alone with the potential of causing cerebral edema in COVID-19 can take a lead in causing death long before systemic homeostatic dysregulation sets in.

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