CASE REPORT

Reconstruction of COVID-19–Related Compartment Syndrome With Massive Soft Tissue Necrosis

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INDEX

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Abstract

Introduction. The COVID-19 virus is caused by the new coronavirus, SARS-CoV-2. COVID-19 has drastically changed the medical landscape. Although predominantly impacting the respiratory system, COVID-19 has several non-respiratory symptoms associated with its presentation and course. Among these are gastrointestinal symptoms and thromboembolic events with stroke. Increasingly recognized, but often overlooked, are the coagulopathy phenomena occurring with COVID-19. The severe respiratory symptoms are the primary focus of clinical management. However, close inspection of patients demonstrates that patients often exhibit both thromboembolic and bleeding events, ranging from simple skin lesions to overt emergencies. **Case Report.** The author presents a case of COVID-19–associated coagulopathy resulting in compartment syndrome of the arm with volar forearm necrosis, requiring flap reconstruction and tendon transfer to salvage the upper extremity. **Conclusions.** Massive rhabdomyolysis resulted in acute tubular necrosis with renal failure requiring hemodialysis. The timing of reconstruction of the sequelae of compartment syndrome in an acutely ill patient is challenging, but optimal timing can result in a successful outcome.