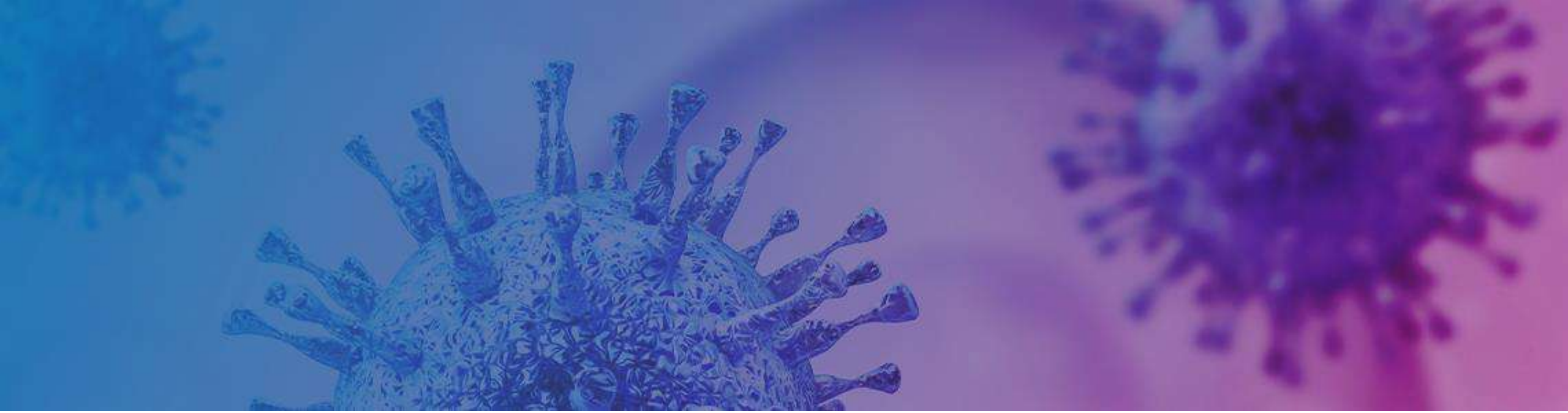
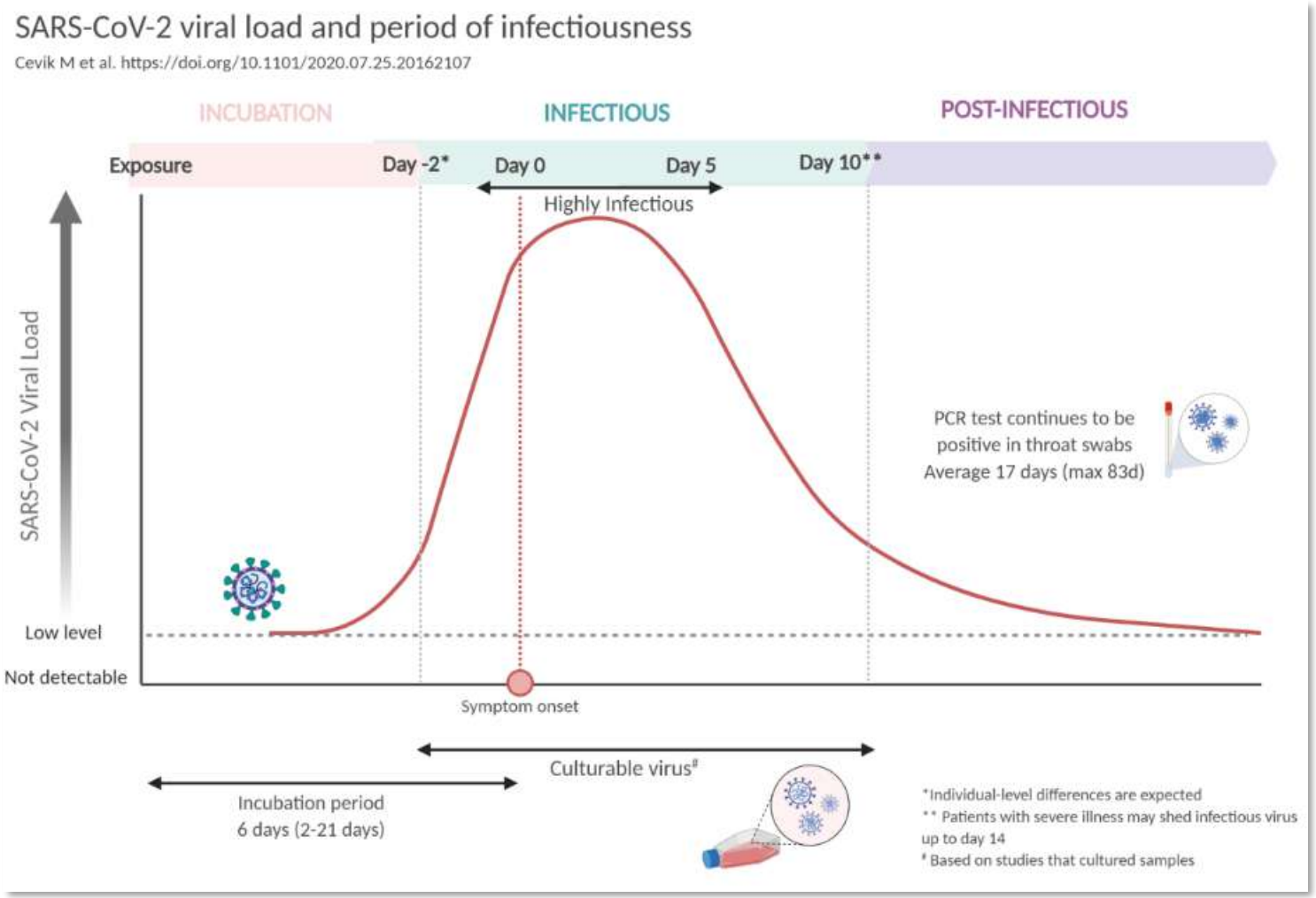


Présentation clinique

Pr Bergeron, Pneumologue - Hôpital St Louis

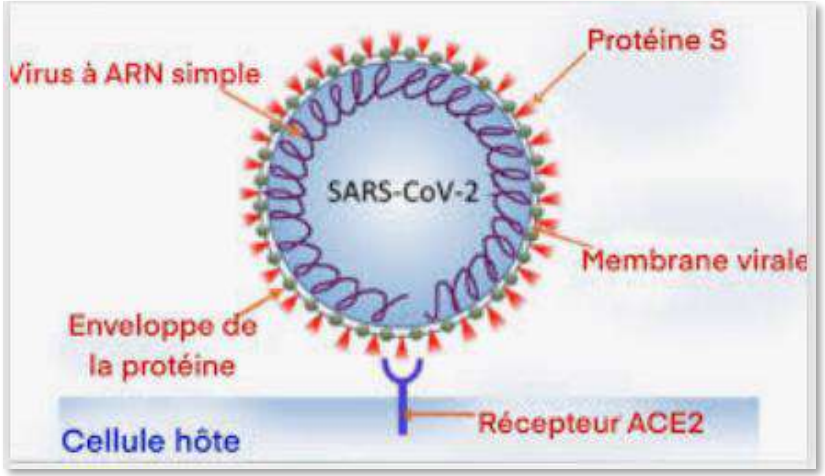
SARS-CoV-2 transmission dynamics should inform policy

Muge Cevik, Julia L. Marcus, Caroline Buckee, Tara C Smith

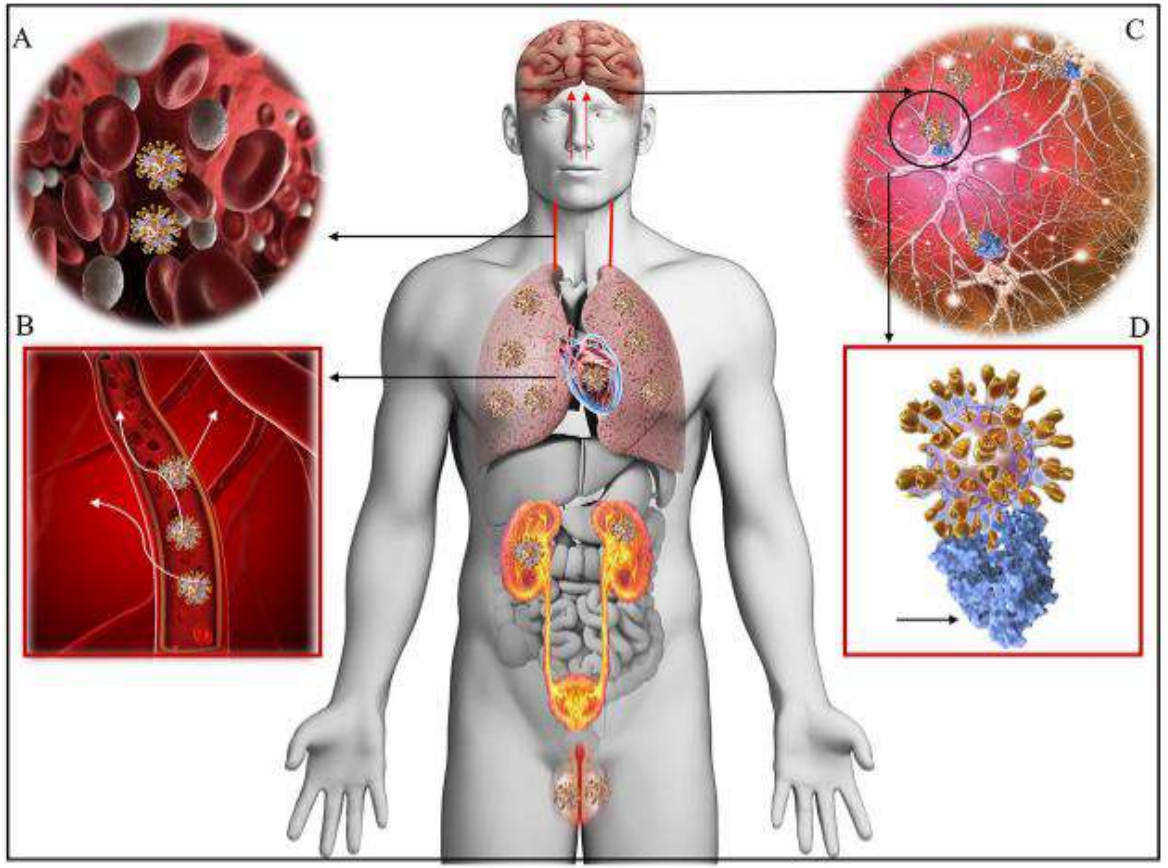


Evidence of the COVID-19 Virus Targeting the CNS: Tissue Distribution, Host-Virus Interaction, and Proposed Neurotropic Mechanisms

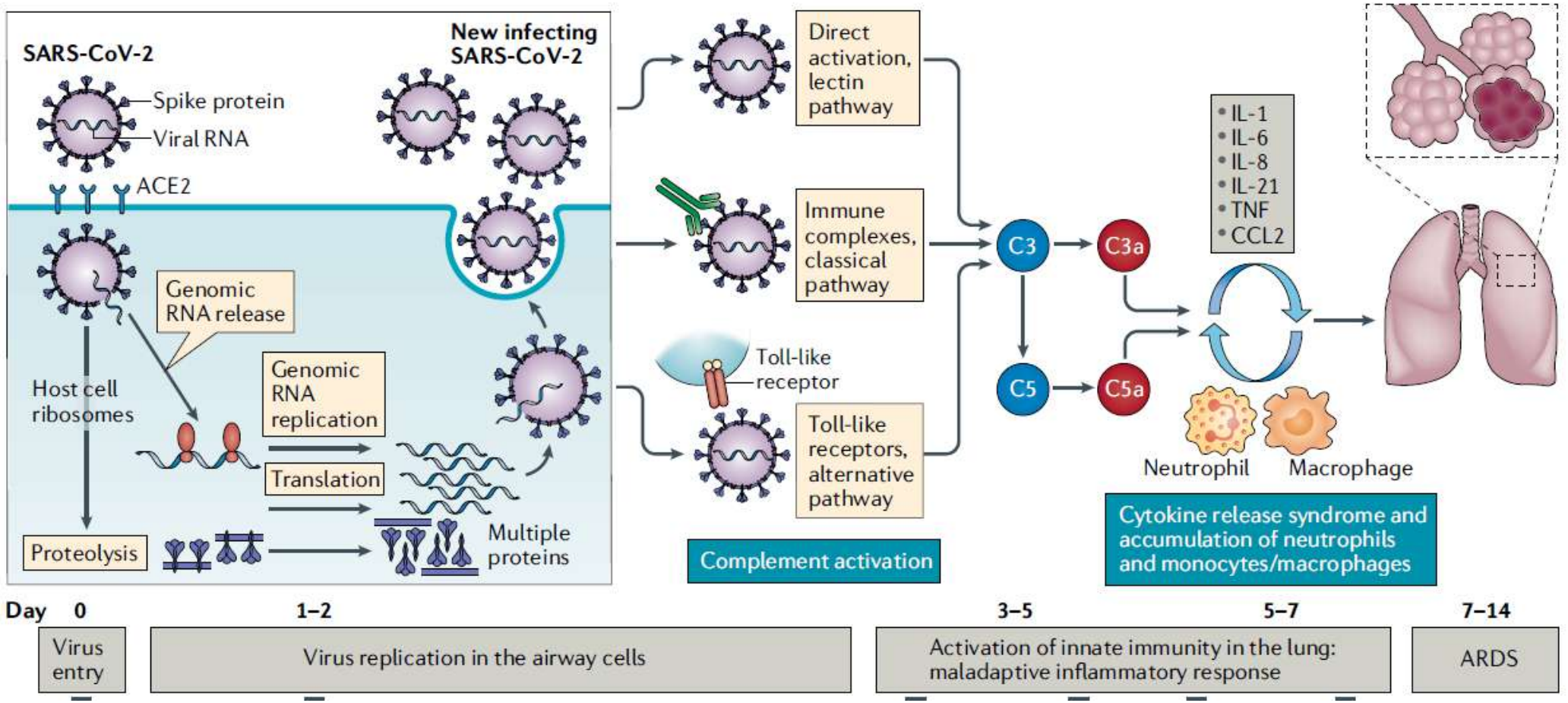
Abdul Mannan Baig, Areeba Khaleeq, Usman Ali, and Hira Syeda : ACS Chem. Neurosci. 2020, 11, 995-998



ACS Cent. Sci. 2020, 6, 3, 315-331



Une maladie à plusieurs temps



Risitano, Nature Reviews, Immunology, 2020

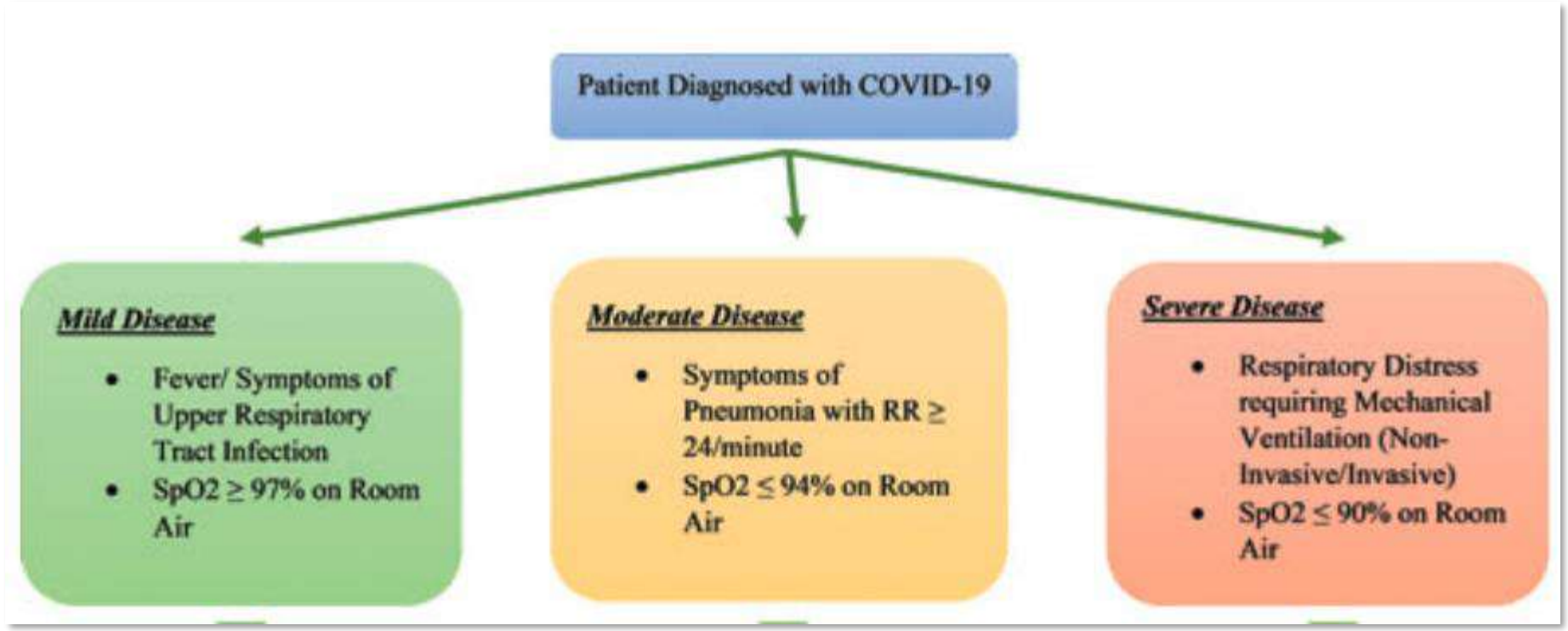
Pathophysiology, Transmission, Diagnosis, and Treatment of Coronavirus Disease 2019 (COVID-19) A Review

W. Joost Wiersinga, MD, PhD; Andrew Rhodes, MD, PhD; Allen C. Cheng, MD, PhD;
Sharon J. Peacock, PhD; Hallie C. Prescott, MD, MSc

- Incubation 2-7 jours (moyenne 5 jours)
- Médiane entre début des symptômes et hospitalisation: 7 jours (3;9)
- Selon les séries âge médian des patients hospitalisés: 47 à 73 ans
- Hommes: 60%
- Symptômes variés:
  - fièvre(70%-90%),
  - toux sèche (60%-86%),
  - dyspnée (53%-80%),
  - fatigue (38%),
  - myalgies (15%-44%),
  - troubles digestifs(15%-39%),
  - maux de tête (25%),
  - rhinorrhea(7%).
  - anosmie ou agueusie 60-80% ; seul symptôme pour 3% des patients

JAMA. doi:10.1001/jama.2020.12839

Présentation clinique



80% 15% 5%

Parasher, Postgrade Med, 2020

Pathophysiology, Transmission, Diagnosis, and Treatment of Coronavirus Disease 2019 (COVID-19) A Review

W. Joost Wiersinga, MD, PhD; Andrew Rhodes, MD, PhD; Allen C. Cheng, MD, PhD;
Sharon J. Peacock, PhD; Hallie C. Prescott, MD, MSc

- 25% des patients infectés ont des comorbidités et 60% à 90% des patients hospitalisés:
  - Hypertension (48%-57% des patients hospitalisés)
  - Diabète (17%-34%),
  - BMI > 30 (40%)
  - Maladie cardio-vasculaire (21%-28%),
  - Pathologie respiratoire chronique (4%-10%),
  - Néphropathie chronique (3%-13%),
  - Cancer (6%-8%),
  - Maladie hépatique (<5%)

JAMA. doi:10.1001/jama.2020.12839

Pathophysiology, Transmission, Diagnosis, and Treatment of Coronavirus Disease 2019 (COVID-19) A Review

W. Joost Wiersinga, MD, PhD; Andrew Rhodes, MD, PhD; Allen C. Cheng, MD, PhD;
Sharon J. Peacock, PhD; Hallie C. Prescott, MD, MSc

- Complications pulmonaires, cardiaques, cérébrales, hépatiques, rénales
- 17% à 35% des patients hospitalisés nécessitent une prise en charge en réanimation
  - Pour détresse respiratoire le plus souvent 29% à 91% nécessitent une ventilation mécanique
  - Insuffisance rénale aigue (9%),
  - Insuffisance hépatique (19%),
  - Troubles de la coagulation (10%-25%),
  - Choc septique (6%)
- Mortalité: 3-15%

JAMA. doi:10.1001/jama.2020.12839

Pronostic

Table. Confirmed Coronavirus Disease 2019 (COVID-19) Cases, Deaths, and Deaths per 1000 Cases in the US by Age Group[a]

	No.		
Age, y	Confirmed COVID-19 cases	Deaths from COVID-19	Deaths per 1000 COVID-19 cases
<18	116 176	50	0.4[b]
18-29	339 125	385	1.1
30-39	328 249	1137	3.5
40-49	325 190	2804	8.6
50-64	482 338	14 316	29.7
65-74	185 942	19 520	105.0
75-84	116 937	24 621	210.5
≥85	98 382	29 999	304.9

Wiersinga, JAMA, 2020

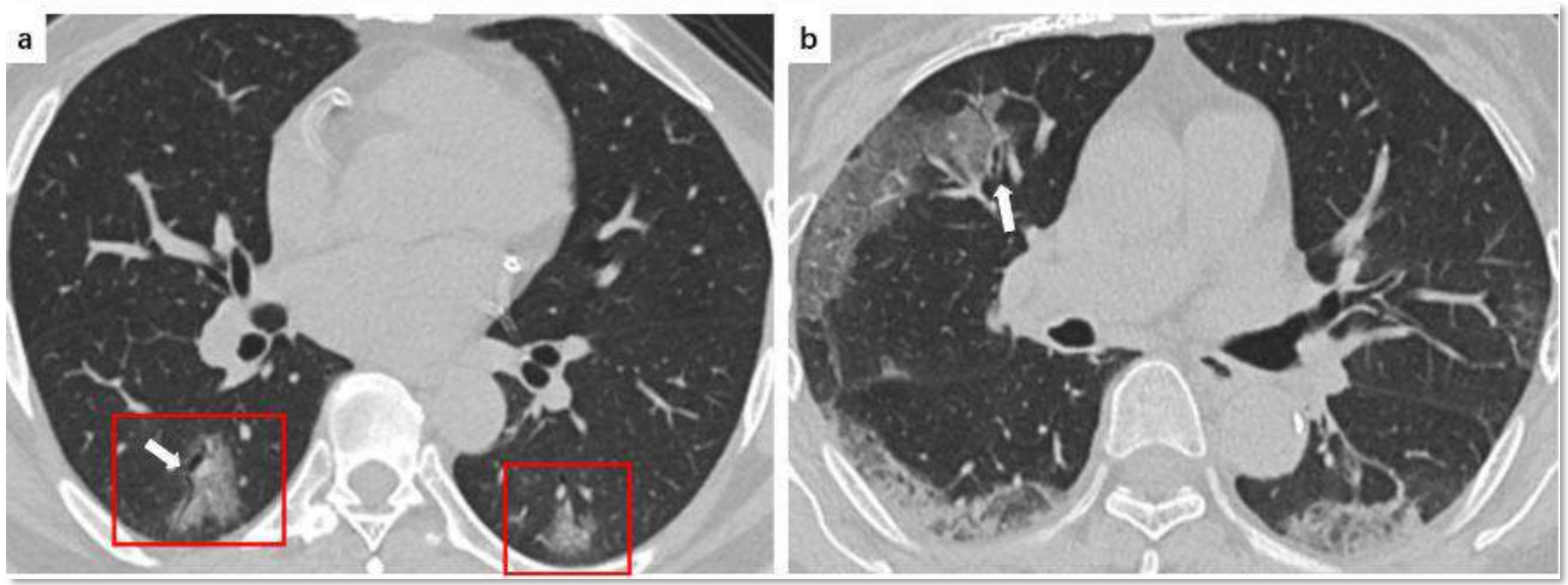
Clinical, laboratory and imaging features of COVID-19 : A systematic review and meta-analysis

Alfonso J. Rodriguez-Morales[a,b,c,d,e,*,1], Jaime A. Cardona-Ospina[a,b,e,d,f,g,h,1], Estefanía Gutiérrez-Ocampo[a], Rhuvi Villamizar-Peña[a], Yeimer Holguin-Rivera[a], Juan Pablo Escalera-Antezana[i,j], Lucia Elena Alvarado-Arnez[i], D. Katterine Bonilla-Aldana[a,c,k], Carlos Franco-Paredes[d,l,m], Andrés F. Henao-Martinez[i], Alberto Paniz-Mondolfi[d,n,o,p,q], Guillermo J. Lagos-Grisales[a], Eduardo Ramírez-Vallejo[a], Jose A. Suárez[c,r], Lysien I. Zambrano[s], Wilmer E. Villamil-Gómez[c,d,t,u], Graciela J. Balbin-Ramon[c,v], Ali A. Rabaan[w], Harapan Harapan[x,y,z], Kuldeep Dhama[aa], Hiroshi Nishiura[ab], Hiromitsu Kataoka[ac], Tauseef Ahmad[ad,ae], Ranjit Sah[af], On behalf of the Latin American Network of Coronavirus Disease 2019-COVID-19 Research (LANCOVID-19)

Author	Date (MM/DD)	N	N (%)													
			Leucocytosis	Leukopenia	Lymphopenia	High AST	High Creatinine	High Creatine kinase	High LDH	High Troponin I, > 99th perc	Anemia	Decreased Albumin	High ALT	High Bilirubin	Erythrocyte sedimentation rate elevated	C-reactive protein, high	Serum ferritin
WMCHHHPNCI	01/20	136	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chaolin et al.	01/24	41	12 (29.3)	10 (24.4)	26 (63.4)	15 (36.6)	4 (9.8)	13 (31.7)	29 (70.7)	5 (12.2)	-	-	-	-	-	-	-
Li et al.	01/29	425	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chen et al.	01/30	99	24 (24.2)	9 (9.1)	35 (35.4)	35 (35.4)	3 (3.0)	13 (13.1)	75 (75.8)	-	50 (50.5)	97 (98.0)	28 (28.3)	18 (18.2)	84 (84.8)	63 (63.6)	62 (62.6)
Chung et al.	02/04	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chen et al.	02/06	29	6 (20.7)	6 (20.7)	20 (69.0)	7 (24.1)	2 (6.9)	-	20 (69.0)	-	-	15 (51.7)	5 (17.2)	1 (3.4)	-	27 (93.1)	-
Wang et al.	02/07	138	0 (0.0)	0 (0.0)	97 (70.3)	-	-	-	55 (39.9)	-	-	-	-	-	-	-	-
Kui et al.	02/07	137	26 (19.0)	51 (37.2)	99 (72.3)	-	-	-	-	-	-	-	-	-	-	115 (83.9)	-
Chang et al.	02/07	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
To et al.	02/12	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
COVID-19 team Australia	02/12	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yueying et al.	02/13	63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Li et al.	02/13	24	-	5 (20.8)	2 (8.3)	-	-	-	-	-	-	-	-	-	6 (25.0)	12 (50.0)	-
Feng et al.	02/13	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Liang et al.	02/14	1590	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Zhang et al.	02/15	9	1 (11.1)	-	2 (22.2)	-	-	-	-	-	-	-	-	-	-	5 (55.6)	-
Feng et al.	02/17	15	-	8 (53.3)	-	-	-	-	-	-	-	-	-	-	-	-	-
Wang et al.	02/17	34	5 (14.7)	1 (2.9)	1 (2.9)	-	-	-	10 (29.4)	-	-	-	-	-	5 (14.7)	1 (2.9)	-
Xiaobo et al.	02/21	52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Chest CT manifestations of new coronavirus disease 2019 (COVID-19): a pictorial review

Zheng Ye, Yun Zhang, Yi Wang, Zixiang Huang, Bin Song



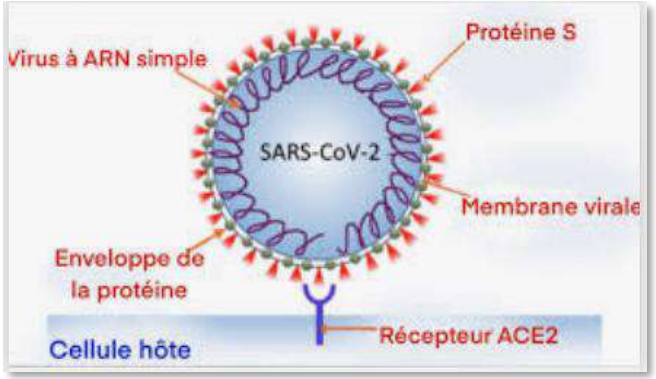
European Radiology https://doi.org/10.1007/s00330-020-06801-0

COVID-19 and its implications for thrombosis and anticoagulation

Jean M. Connors and Jerrold H. Levy

Table 1. COVID-19–associated coagulopathy

Summary of findings
1. Coagulopathy is manifest as elevated fibrinogen, elevated D-dimers, and minimal change in PT, aPTT, and platelet count in early stages of infection
2. Increasing IL-6 levels are correlated with increasing fibrinogen levels
3. Coagulopathy appears to be related to severity of illness and resultant thromboinflammation and not intrinsic viral activity
4. Elevated D-dimer at admission is associated with increased mortality
5. Rising D-dimer after admission precedes multiorgan failure and overt DIC a. Noted to start at 4 d after admission in nonsurvivors b. Longer duration of hospital stay associated with increasing D-dimer and development of sepsis physiology
6. Bleeding manifestations are not common despite coagulopathy



ACS Cent. Sci. 2020, 6, 3, 315-331

ACE2 présent sur cellules endothéliales

Atteintes micro et macro-angiopathiques

Thromboses veineuses et artérielles

MVTE (20-30% en réanimation), AVC, IDM …