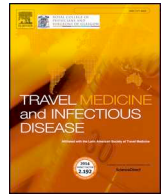




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A pregnant woman with COVID-19 in Central America



Dear Editor,

Over the last three months, the pandemic of Coronavirus Disease 2019 (COVID-19) has caused significant concern in the world due to its rapid spreading [1,2]. Since February 25, 2020, it has also comprised the Latin America and the Caribbean region [3]. However, there is still limited evidence of the full spectrum and impact of COVID-19 in certain population groups, including pregnant women [4]. No case reports on COVID-19 from Central America are yet available in scientific journals, including its occurrence during pregnancy.

On March 9, 2020, a 41-year-old female, who was 31 weeks pregnant, with gestational hypertension and hypothyroidism, presented to the Hospital Escuela of Tegucigalpa, Honduras, with intermittent fever, dry cough, headache and myalgias for three days. She had a history of travelling in Madrid, Spain, she lived for the last six months there and returned to Honduras on March 4. Her neighbours in Madrid were diagnosed with COVID-19. Therefore, given the patient's travel history and fever, a nasopharyngeal aspirate sample was collected and tested following WHO guidelines for real-time RT-PCR at the National Virology Laboratory of Tegucigalpa, following the protocol Charité, Berlin, Germany [5]. The results were positive, and then she went into isolation at the hospital.

On admission, the physical examination revealed a body temperature of 36.0 °C, high blood pressure (130/100 mmHg), normal pulse, and normal respiratory rate. She presented bilateral conjunctival hyperemia. Lung auscultation revealed no alterations. An obstetric ultrasound revealed a fetus with a dysplastic and multicystic right kidney with no other alterations. On March 9, 2020, she was referred to the National Cardiopulmonary Institute of Tegucigalpa, for follow-up. After ten days of hospitalization, she was stable, remaining under observation until delivery. On March 19, 2020, at week 32, occurred a preterm delivery, with a male newborn obtained by spontaneous vaginal delivery. His birth weight was 1,500 grams. His nasopharyngeal and blood samples tested by SARS-CoV-2 rRT-PCR were negative. He was hospitalized in the Hospital Maria of Pediatric Specialties, Tegucigalpa. The nasopharyngeal sample of the mother at delivery persisted positive at the SARS-CoV-2 rRT-PCR. She remains asymptomatic.

According to previous reports for SARS in pregnancy in Hong Kong, SARS-CoV infection could be associated with poor pregnancy outcomes, including critical maternal illness, spontaneous abortion, or maternal death, preterm birth [6,7]. In this case, her clinical presentation showed

no significant alterations related to COVID-19, as has also been reported recently in a case in China, except for the preterm delivery [6].

So far, there is currently no evidence for intrauterine infection caused by vertical transmission in women who develop COVID-19 pneumonia in late pregnancy [4]. A recent study confirmed that the outcomes of patients who were infected in late pregnancy appeared very good [8]. Nevertheless, this implies the need to further assessment, with rRT-PCR, after delivery, as we expect to perform in a few weeks in this case. Pregnant women are particularly susceptible to respiratory pathogens and severe pneumonia because of their physiological adaptive changes (e.g., diaphragm elevation, increased oxygen consumption, and oedema of respiratory tract mucosa) and immunosuppressive state. With the increase of the pandemic in Latin America, a region with high fecundity rates, we should expect to see more cases of COVID-19 among pregnant women that need to be studied in detail to understand better its clinical impact.

Declaration of competing interest

Authors declare no conflict of interest.

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