

POST-ACUTE COVID SYNDROME (4 weeks or more)

LONG COVID

Persistent symptoms beyond 4 weeks that may be present or not in acute-COVID or appear later in asymptomatic subjects and are not the result of an apparent irreversible organ damage.



Clinical Phenotypes



Relapsing/remitting

Fluctuating, episodic course, with intervals of more exacerbated symptoms and others where the symptoms are absent.



Progressive and slow improvement



Permanent

No changes during follow-up.



Post Intensive Care Syndrome

Patients after ICU admission with target organ damage as part of the systemic inflammatory response. Example: lung, heart, renal damage and myopathy or neuropathy in critically ill patients.



Sequelae arising from post-thrombotic or haemorrhagic complications.

Such as cerebrovascular and thrombo-embolic events, myocardial infarction, and arterial ischaemia.



Sequelae resulting from immun-mediated phenomena in the acute phase.

Such as Guillain-Barre syndrome, encephalitis, myelitis, idiopathic thrombocytopenic purpura or systemic autoimmune diseases.



MIS-C and MIS-A.

Multisystemic inflammatory syndrome in children (MIS-C) and adults (MIS-A) with high morbidity and mortality and significant risk of sequelae.

SEQUELAE

Irreversible tissue damage after 12 weeks that could represent different degrees of permanent dysfunction and symptoms.



Clinical Scenarios

