Unilateral pulmonary edema

To the Editor: We appreciate the article, “Unilateral pulmonary edema,” by Harano and Nakajima in the March issue (Harano Y, Nakajima M. Unilateral pulmonary edema. Cleve Clin J Med 2022; 89(3):124–125. doi:10.3949/ccjm.89a.21046). It was a very interesting discussion of the potential manifestations of unilateral pulmonary edema after COVID-19 infection. One key aspect we would like to bring to the discussion is to include multisystem inflammatory syndrome in adults (MIS-A) in the differential diagnosis. The evaluation includes fever at or before presentation, severe cardiac illness, rash with nonpurulent conjunctivitis, abdominal pain, vomiting, diarrhea, and thrombocytopenia. The recommended laboratory evaluation includes C-reactive protein, ferritin, interleukin-6, erythrocyte sedimentation rate, and procalcitonin. If indeed the patient had MIS-A, the treatment would have included steroids, intravenous immunoglobulin, and supportive care. The reason to include this in the differential is that the therapy required for the treatment of MIS-A is different than what was discussed. Given the emergence of MIS-A with COVID-19, healthcare providers would benefit from further discussion to ensure this diagnosis is contemplated especially in the 2 to 12 weeks after diagnosis of COVID-19. The patient presented by Harano and Nakajima met the criteria for severe cardiac illness, and further discussion regarding the above evaluation would be useful to know if this diagnosis was considered, because treatment would have included those we mentioned above.

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REFERENCES
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