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RESEARCH ARTICLE

TRICHOMONAS VAGINALIS PROSTATITIS: UNUSUAL MODE OF DISCLOSURE OF COVID-19 (A CASE REPORT)

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Abstract

A new coronavirus outbreak has started since December 31, 2019. COVID-19 can cause multi-systemic infections of which respiratory complications are the most obvious symptoms. In this report, we will describe, for the first time, an unusual mode of disclosure of COVID-19 in a patient with symptoms of acute prostatitis, initially treated with antibiotic therapy and alpha-blocker. Faced with the worsening of the clinical picture and the appearance of respiratory signs in our current pandemic context, the search for corona virus by PCR on nasopharyngeal sample was carried out and proved positive in our patient.

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Introduction:-

COVID-19 is generally manifested by infectious respiratory symptoms [1]. Through this observation, we report an unusual mode of revelation: a prostatitis coinfection with Trichomonas Vaginalis (TV) and an infection with SARS-Cov-2

Case report:

79-year-old patient with no history who has had an infectious syndrome with fever at 39 °, chills and myalgia for 10 days, associated with urinary signs such as dysuria and pollakiuria. The digital rectal examination finds an enlarged prostate, flexible and slightly painful.

Cytobacteriological examination of the urine revealed leukocyturia and the culture revealed the presence of VT. The biological balance sheet showed a level of white globin at 5720 elements / mm³, platelet at: 220,000 elements / mm³, the reactive protein C (CRP): 17.3 mg / l, a PSA level at 8 ng / ml. Kidney function was normal.

The vesico-prostatic ultrasound showed a 102-gram prostate.

The diagnosis retained is prostatitis on TV. The patient received ceftriaxone and metronidazole. The evolution was marked by the worsening of the clinical picture, the installation of dyspnea with 90% desaturation in the open air and the persistence of a fever at 39 ° C after 4 days of treatment.

The anamnestic re-evaluation revealed the return of his wife's recent stay in Canada, a COVID-19 infection was suspected. The thoracic CT scan showed CORADS 5 lesions (Figure 1). RT-PCR on nasopharyngeal specimen was positive.

The therapeutic management was based on the combination of Hydroxychloroquine, azithromycine, ceftriaxone, metronidazole and alpha blocker. The evolution was favorable after 15 days of hospitalization with disappearance of the fever, negation of the PCR on D10 and sterilization of the urine.

Discussion:-

We report the observation of an association, never described in the literature, of a COVID-19 infection with a *Trichomonas Vaginalis* prostatitis retained as initial diagnosis at the beginning.

Trichomonas Vaginalis infection in humans is exceptional and difficult to diagnose, and has been reported in 1 to 17% of patients with non-gonococcal urethritis. Its relative importance in men with genitourinary infections depends on the prevalence of the infection in the community [2,3].

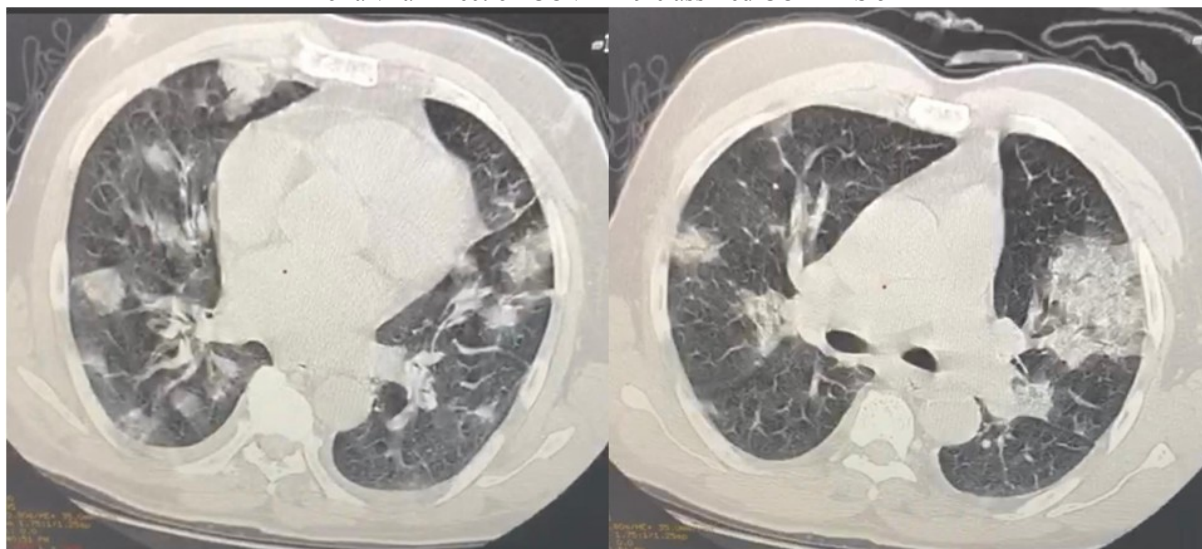
Most men remain asymptomatic. Those who show symptoms usually have non-specific urethritis (NSU). Rarely, TV causes clinically apparent balanitis, epididymitis or prostatitis [4].

The prostate gland may be involved in persistent or recurrent trichomoniasis urethritis, particularly in men with negative urethral cultures, and, in this condition, a prostate focus could serve as a source of urethral infection [5].

There is no consensus of opinion in the management of prostatitis caused by TV. Ohkawa et al. recommend two weeks of metronidazole (250 mg twice a day) [6]. Price et al [7] have shown that adding metronidazole to the syndromic management of male urethritis in areas where trichomoniasis is common can not only eliminate the infection but may also help reduce transmission of HIV.

The national therapeutic protocol of COVID-19 was established in our patient, with good clinical and biological evolution.

Figure 1:-Thoracic computed tomography showing multiple opacities under bilateral pleural ground glass in favor of a viral infection COVID 19 classified CORADS 5



Conclusion:-

Screening for COVID-19 should be recommended in any suspect patient presenting with atypical symptoms or development during this pandemic period.

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