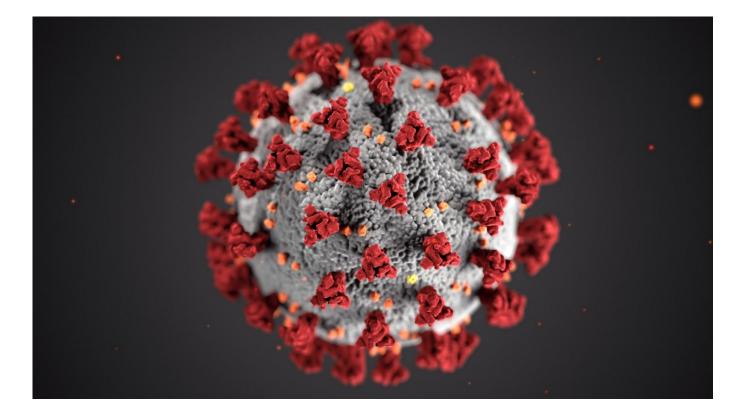
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Mounting evidence for Covid-19 treatments



Andrew Thomas Follow Apr 6 · 1 min read



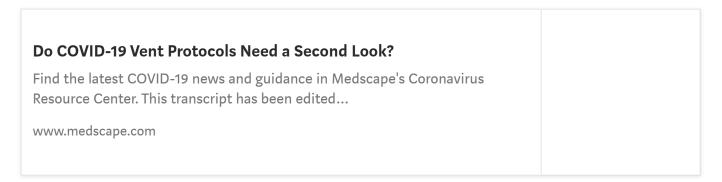
A letter from Northern Italian doctors, Covid-19 Does Not Lead to a "Typical" Acute Respiratory Distress Syndrome (Gattinoni et al.), states:

the primary characteristics we are observing (confirmed by colleagues in other hospitals), is the dissociation between their relatively well preserved lung mechanics and the severity of hypoxemia. Cameron Kyle-Sidell, an ER doctor in Brooklyn, makes the same assertion. Patient's lung muscles work, but the patients have no oxygen in their blood (hypoxemia). He concludes there may need to be changes to ventilator protocols and stop treating Covid-19 as typical ARDS.



[Edit: The assertion from Gattanoni and Dr. Sidell are highly credible and to some extent obvious. Covid-19 is a novel virus and will likely require new treatments.

Dr Sidell recently did an interesting interview:



However, I have removed the rest of the post, because it has been debunked. The situation is rapidly evolving and there is a lot speculation about what is causing these unusual symptoms. I have added a new highly speculative tweet]



Critical COVID-19 cases in ARDS show perverse hypoxemia in spite of decent lung compliance.

This is odd. Some people have even made far-fetched claims about supposed damage to RBCs or heme, but evidence contradicts.

We think it may arise from microvascular endothelial damage. twitter.com/___ice9/status/...

ice9 @__ice9

Replying to @__ice9 and 8 others

Basically: if microthrombi are developing, then endothelial dvsfunction should begin within/around vessel walls.

Covid 19

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