

## Case Report



# Urinary and Fecal Incontinence after COVID 19 in a Young Male: Case Report

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## Abstract

**Background:** Coronavirus Disease 2019 (COVID-19) infection by inflammation and demyelination in the pudendal nerve causes urinary and bowel incontinence. The aim of the present study is to report urinary and fecal incontinence in a 29-year-old male patient during and after COVID 19. **Case presentation:** A 29-year-old male patient with a history of Covid 19 was admitted to the Therapy Unit Intensive ICU, required mechanical ventilation for nine days, had pulmonary embolism, 75% pulmonary involvement, renal failure and left with urinary and fecal incontinence. He did not have deep vein thrombosis but complained of pain and swelling in his legs. **Conclusion:** The hypothesis is injury to the pudendal nerve and the management was expectant, which improved over the days.

**Keywords:** Urinary incontinence, fecal incontinence, COVID 19, young, male

## Introduction

The Coronavirus Disease 2019 (COVID-19) has caused many unexpected symptoms such as loss of taste, skin changes and eye problems <sup>[1]</sup>. However, severe genitourinary symptoms and increased urinary frequency have been observed <sup>[2]</sup>.

Overactive bladder syndrome (OAB) is a chronic disease characterized by urinary urgency with or without urge incontinence, frequency and nocturia. Around 16.9% of women have OAB, which increases with age and reaches 30.9% in women over 65 years of age <sup>[3]</sup>. Inflammation and demyelination of the pudendal nerve can cause urinary and bowel incontinence and has been reported in some viral infections, such as HIV and shingles, and multiple sclerosis. COVID-19 infection by inflammation and demyelination in the pudendal nerve causes urinary and bowel incontinence <sup>[4,5]</sup>. One study of literature review exploring the potential mechanisms of SARS-CoV-2 in targeting the prostate gland, showing leading to aggravation of benign prostatic hyperplasia (BPH), or exacerbation of its related in lower urinary tract symptoms (LUTS) <sup>[6]</sup>.

In relation complication SARS-CoV-2 and benign prostatic hyperplasia (BPH) retrospective cohort study included patients monotherapy with long acting alpha-1 adrenoceptor blockers (AARB) recommended for lower urinary tract symptoms (LUTS) treatment allocated in two groups, PCR positive for COVID-19 and other group no positive, demonstrating that SARS-CoV-2 infection increased of incidence benign prostatic hypertrophy complications

in terms of retention of urine, clinical urinary tract infection and haematuria <sup>[7]</sup>.

A study reports the importance of monitoring the symptoms of the autonomic nervous system as a possible complication of the disease COVID-19 that can persist in the post-acute period <sup>[8]</sup>. Another important lesion of the urinary tract is the acute kidney injury associated with COVID-19 is a common consequence and harmful to these patients, where urinary abnormalities such as proteinuria and microscopic hematuria conferred an increased risk of death <sup>[9]</sup>. The aim of the present study is to report urinary and fecal incontinence in a 29-year-old male patient during and after COVID-19.

## Case presentation

A 29-year-old male patient with a history of COVID-19 was admitted to the Intensive Care Unit (ICU), required mechanical ventilation for nine days, had pulmonary embolism, 75% pulmonary impairment, renal failure and left with urinary incontinence and fecal. He was discharged from the hospital and the symptoms improved as the days went by. He did not have deep vein thrombosis, but he complained of pain and swelling in his legs. The hypothesis was demyelination in the pudendal nerve and the conduct was expectant and the patient had clinical improvement over the weeks with reversal of the clinical condition.

## Discussion

The present study brings an unusual complication of COVID-19, which was urinary and fecal incontinence, which as hypothesis the injury of the pudendal nerve due to COVID-19. The treatment was expectant and there was clinical improvement over the weeks, and after a month a significant improvement. The literature is rare on the subject, making it difficult to conduct this case where the option was expectant. We had more than 8000 patients admitted to the teaching hospital, but this was the only patient with these major complaints.

Venous and arterial thrombosis was one of the biggest challenges and constitutes an important associated cause of mortality in these patients [10,11]. However, a series of atypical signs and symptoms were observed in these patients.

Perineural cysts, which affect the nerve root, located at the sacral level of the spine, can cause pain, radiculopathy and, less frequently, bladder, bowel and sexual dysfunction [12]. In neurogenic damage to the pudendal nerve, genito-anal numbness, fecal and/or urinary incontinence may occur [13,14]. In most of these nerve injuries, the conservative approach is successful (rehabilitation, drugs against neuropathic pain) and only in a small proportion of patients more specific assessment is required.

## Conclusion

A complication after COVID-19, urinary and fecal incontinence, which could hypothesis be an injury of the pudendal nerve, was conducted with expectant management and to improve over the days, so further investigations are necessary for similar cases.

## Authors Contributions

Conception and design: Godoy JMP, Godoy MFG, Godoy HJP  
 Administrative support: Godoy JMP, Godoy MFG, Godoy HJP  
 Provision of study materials or patients: Godoy JMP, Godoy MFG, Godoy HJP  
 Collection and assembly of data: Godoy JMP, Godoy MFG, Godoy HJP  
 Data analysis and interpretation: Godoy JMP, Godoy MFG, Godoy HJP  
 Manuscript writing: Godoy JMP, Godoy MFG, Godoy HJP  
 Final approval of manuscript: Godoy JMP, Godoy MFG, Godoy HJP

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None

## Conflicts of Interest

All authors have completed the ICMJE uniform disclosure form and declared no have no conflicts of interest.

## Ethical Statement

The study was approved Ethical Committee Faculdade de Medicina de Sao Jose do Rio Preto-FAMERP-Brazil number 5.011.393. All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee(s) and with the Helsinki Declaration. Written informed consent was obtained from the patient for publication of this case report.

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