Thrombocytopenia and coagulopathy in COVID-19 manifesting as upper gastrointestinal bleed and epistaxis

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COVID-19 is an acute febrile illness and the common manifestations are cough, flu and fever. COVID19 infection with severe thrombocytopenia and coagulopathy is a rare life threatening presentation. We are presenting a case of a gentleman in 20's with history of positive animal contact, who presented to emergency department (ED) with history of fever of more than a week and nasal bleed. Relevant examination showed unstable vitals, anterior nasal packing in place, left lower zone crackles and ongoing black stool. Laboratory workup revealed bicytopenia with platelet count of (6X109), low hemoglobin, deranged INR, low fibrinogen levels. The patient was managed for viral hemorrhagic fever leading to disseminated intravascular coagulation (DIC). He was managed with antipyretics, antibiotics. resuscitated with blood products, admitted to inpatient facility. His blood counts started improving favoring the possibility of thrombocytopenia secondary to viral illness, and later discharged in stable condition. COVID-19 is acute viral infection. Any patient with fever and bleeding should be kept on high suspicion for other viral illness as well. Treatment approach can be conservative. Thrombocytopenia and coagulopathy with 2 organ bleed is the first case reported to the best of our knowledge.