

# Waging war against severe COVID-19: one survivor's story

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Dr. Vijay Battu

"Am I going to die?"

It was 11 days since Dr. Vijay Battu's first symptoms, and four days since his admission as a patient to Lenox Hill Hospital in New York City. And now the ravages of COVID-19 had begun to make breathing nearly impossible.

"I asked because I was scared," recalled Battu. "It was horrible. I didn't feel like I was getting enough air. I couldn't breathe. I couldn't do anything. I wanted to call my lawyer, to make a will. But honestly I couldn't even put my finger on my phone to type. I just couldn't. I didn't have the energy."

Battu would eventually win his battle against COVID-19. But it was a harrowing journey back to health.

For Battu—an otherwise healthy 52-year-old ophthalmologist and attending surgeon at the New York Eye and Ear Infirmary—it all began on March 12 with a little cough. The next afternoon, while at work, a fever took hold.

Other than allergies, Battu had no underlying conditions. "But my temperature was pretty high: 102.4," he said. And three of his friends already had COVID-19, after attending a small early-March house party in Miami. "The concept of social distancing hadn't really happened yet," said Battu. "And at the time, none of us had symptoms."

## **A struggle to get tested for COVID-19**

So Battu then tried—and initially failed—to get tested. A local urgent care center turned him away. His [insurance company](#) told him to call the New York Department of Health. Once he called, he was told that all they could provide was a list of 100 different facilities that might offer testing. "But do they?" he asked. They didn't know. "But they said they'd call me back. In five days. I was floored," Battu said.

So, Battu contacted Lenox Hill directly and convinced the attending physician to give him a test. But by the time he got to the ER that physician had left, and the staff were reluctant. Then, a standard flu test came back negative. So, Battu was screened for COVID-19.

Five days later, the results came back: positive. By then, Battu's situation had worsened. His fever was spiking, his coughing was harder, and he wasn't eating or drinking. "And I've never been that exhausted in my life. I couldn't move. I could barely walk," he said.

Hoping to avoid hospitalization, Battu reached out to physician colleagues for advice and began self-treating. That meant cough suppressant ("which did nothing"); Kaletra (an HIV drug); and hydroxychloroquine, the much-discussed anti-malarial medication that preliminary research suggests might be helpful.

"I have colleagues who didn't think I should," he acknowledged. "Because none of it is proven, and there are always risks. But at the same time when you're in dire straits, you balance that risk. And I'm a doer. I tend to choose action over inaction."

Whether the drugs helped is an open question, admitted Battu. But the bottom line is that things went downhill. On March 19, eight days after his symptoms began, Battu took a taxi back to the ER.

"My parents were in India. My sister is in Texas. My friends had been dropping off food for me, but nobody was with me," he said. "And I had nothing prepared. I almost couldn't do it. I was so tired. All I could manage to take was one extra T-shirt and my medications."

Though X-rays revealed pneumonia in both lungs, the hospital was reluctant to admit him. "I didn't even know I had pneumonia," Battu said. "They didn't tell me at first. But I was afraid. I didn't think I could

take care of myself. And then when they told me I just refused to leave."

A friend from medical school gave an added push by calling in as his referring doctor. And in the end, Battu was admitted. "Sometimes those decisions can be a tricky call. I'm a doctor. I get that. But I was super, super sick. I had bilateral pneumonia. And still I had to fight. I had to insist."

The next day, Battu started to lose taste and smell, a classic COVID indicator. "I didn't lose my taste completely. It's just everything tasted and smelled horrible. So I couldn't eat," he said. "And I had diarrhea, so I was getting more and more dehydrated and exhausted."

## **Things get worse, oxygen levels drop**

Over initial objections, Battu continued the drug regimen he had begun at home. But his breathing deteriorated, so he was placed on oxygen. By March 21, deep shoulder pain set in on his right side, raising the specter of heart trouble. Even more concerning, his "sats"—oxygen saturation levels—started to slide.

"Normally they should be like 97 to 100," Battu explained. "But mine had fallen to 91-92. And if I moved in any way, the energy I expended would drive those numbers down. And then that night my breathing got so bad that I thought they would put me on a ventilator.

The prospect terrified him. He knew that the trigger for ventilator intubation is dropping to 88 for a sustained period of time. "If that happened, I wouldn't be able to talk or communicate. And I know that a huge percentage of COVID patients who get put on ventilators die."

Battu's sats did dip as low as 89 before rebounding. "I couldn't breathe. It was really, really frightening. I was right on the edge. But in the end, the

ventilator didn't happen."

In fact, day 10 turned out to be Battu's low point. By morning, his breathing and sats had improved. But consumed by fear, he turned to the resident physician and point-blank asked if he was dying.

"She looked at me and without hesitation said, "No. Your sats didn't fall further. You're going to be fine." The speed of her response gave comfort, though Battu remained anxious about the night to come. "Because the nights," he said, "are the worst."

## **Finally, recovery begins**

And then, in the blink of an eye, the situation shifted from dying to discharge.

"I know they probably needed the bed. And in retrospect sending me home was probably the right thing to do. My fever had gone down, and my sats were better. But I was still using oxygen. I didn't even know if I could walk to the bathroom by myself. So, the idea of leaving was very scary."

Battu convinced hospital staff to let him stay for two more days. But on day 13 discharge came, along with fresh challenges: oxygen and transport.

"They wouldn't let me take oxygen with me," Battu said. His sats were just above the cutoff, he was told, and oxygen wouldn't be covered by insurance. On top of that he had no way to leave. Still infectious, COVID patients were prohibited from departing by taxi, yet instructed to arrange for an in-person pickup, "which obviously was impossible."

In the end, Battu paid \$150 out of pocket for a hospital ambulette to

cover the 1.5 miles home. And a physician colleague was able to rent an "oxygen concentrator" to assist with breathing once there. "What happens if you don't have the money, I have no idea," he said.

Still, Battu is appreciative. "Those nights in the hospital were horrific. I was totally alone. And I really thought I was dying. But then I think of the nurses who exposed themselves to all of this. They were just great."

Once home, a friend—just over COVID himself—volunteered to stay and prepare meals. "Having him here was really amazing, because this is not the flu. This is not like anything else you've ever experienced."

Now 15 pounds lighter and nursing a slight cough, Battu's energy has largely bounced back. He's feeling "98% better," plans to donate blood to help future COVID-19 patients, and feels grateful to have survived.

"But it was just crazy," he said. "Everything about it. Crazy. From start to finish."

**More information:** There's more about COVID-19 symptoms to watch for at [U.S. Centers for Disease Control and Prevention](#).

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