

Neurological and Neuromuscular complications of COVID



NASEM
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Acute

Anosmia

Metabolic/hypoxic encephalopathy

Strokes

Viral Encephalitis (rare)

Sudden death (Ondine's curse)

Subacute

Inflammatory Syndromes

Acute disseminated encephalomyelitis

Acute necrotizing hemorrhagic encephalopathy

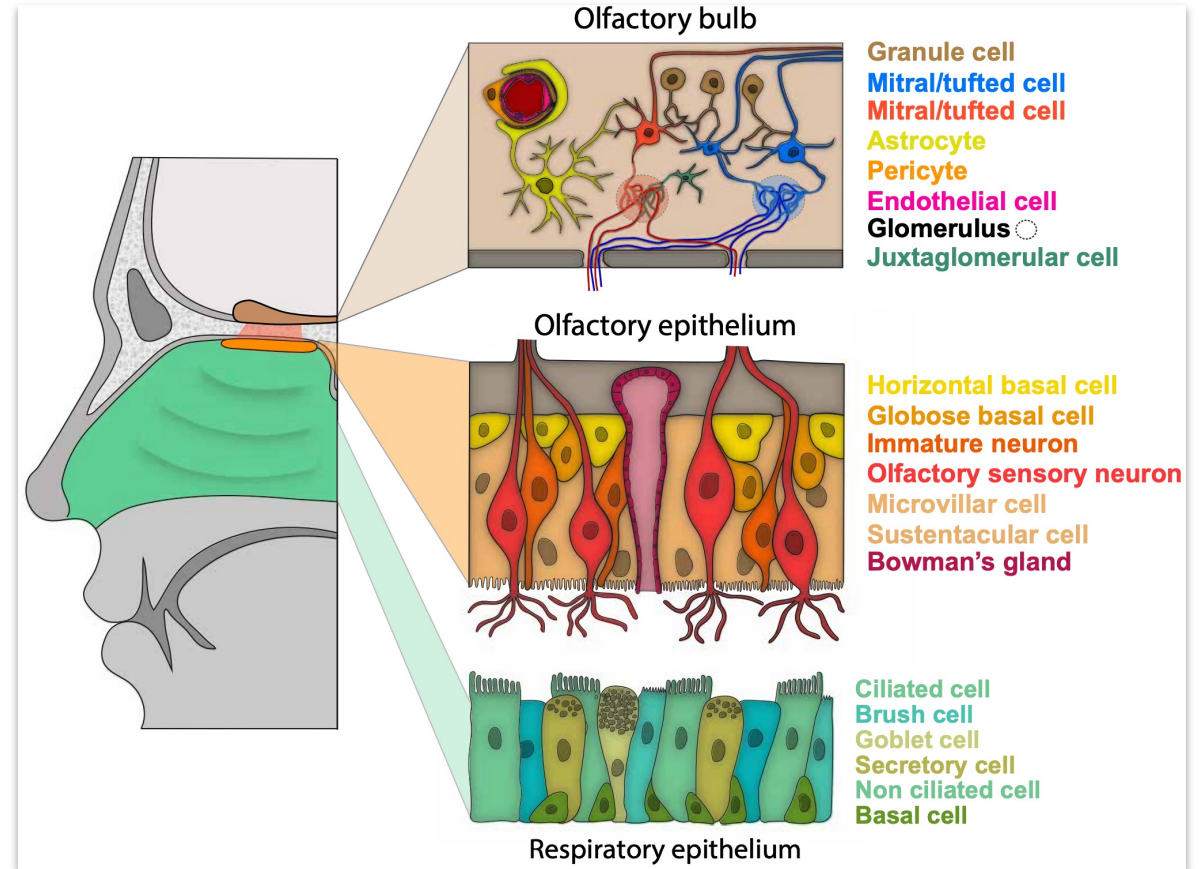
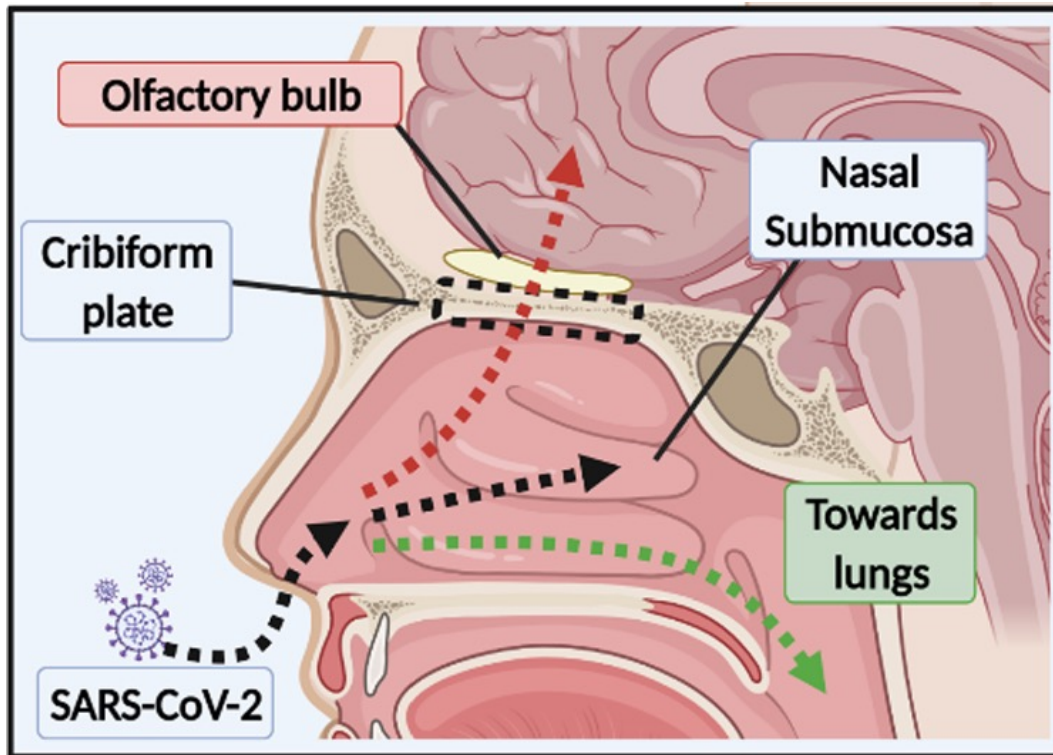
Limbic encephalitis

Multisystem Inflammatory Syndrome

Chronic

Long COVID

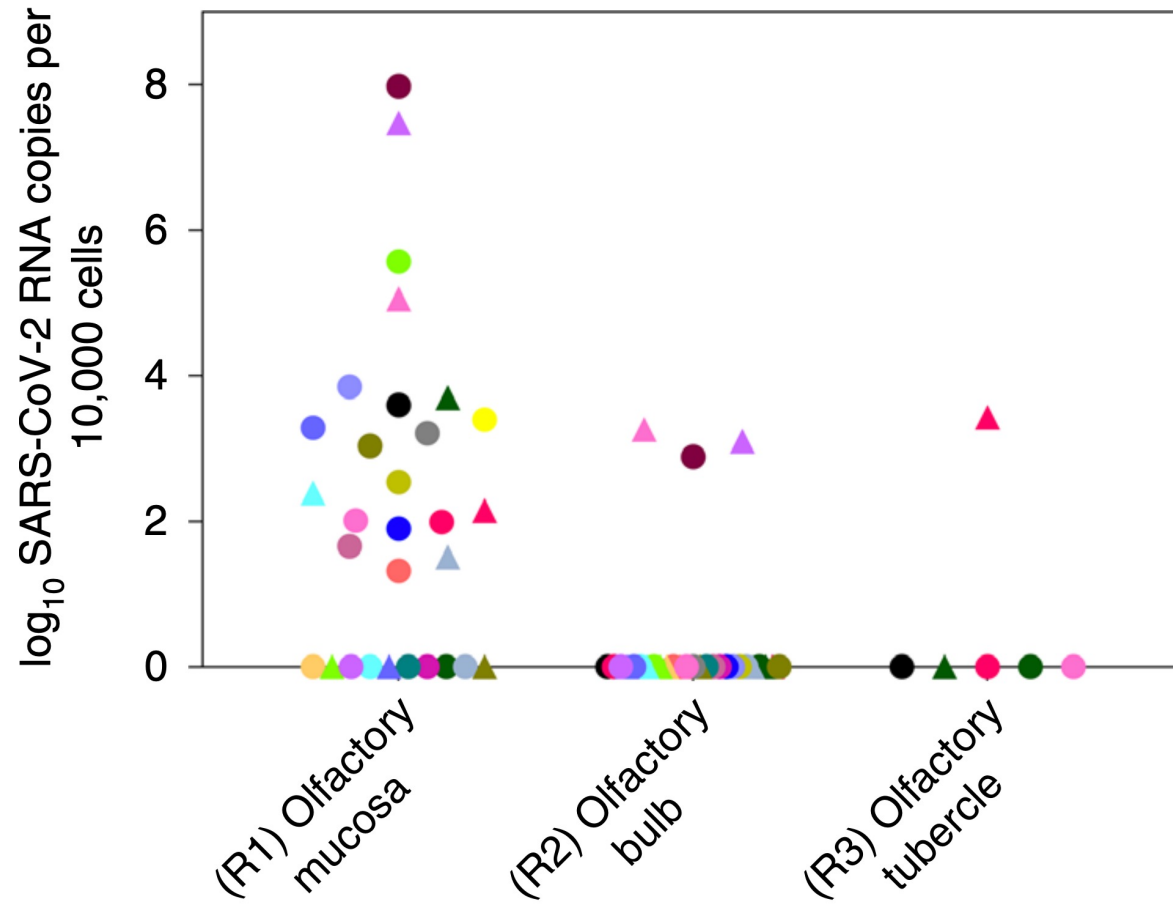
Can the virus enter the brain through the olfactory pathways?



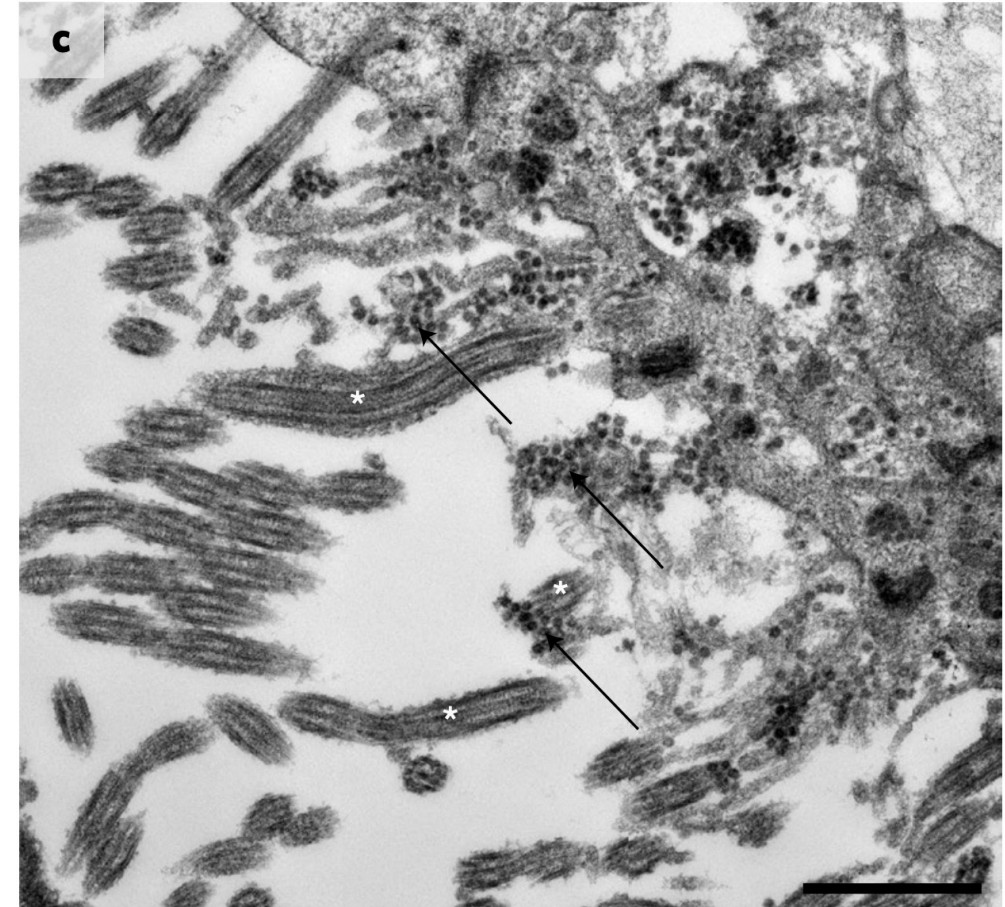
There is a route the virus can follow to get from the nose to the brainstem

Images: McQuaid et al., 2021 DOI: 10.1186/s12987-021-00267-y;
Brann et al., 2020 DOI:10.1126/sciadv.abc5801

Robust infection in olfactory mucosa



Images: Meinhardt et al., 2020 DOI:0.1038/s41593-020-00758-5

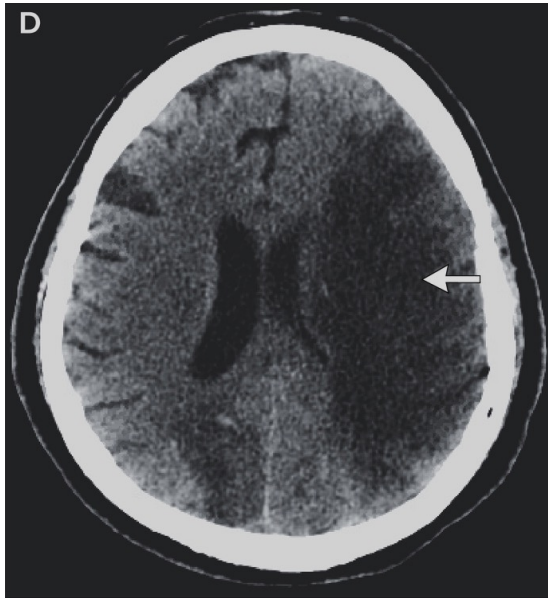


Detection of virus in brain at autopsy

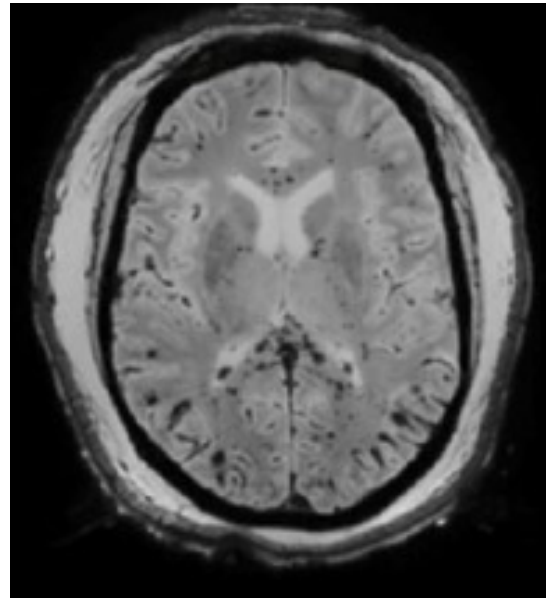
- Rarely detected; in small quantities
- We and others have not been able to detect virus by
 - Immunostaining
 - PCR
 - RNA in situ hybridization
 - RNA sequencing
 - RNA hybridization followed by PCR

VASCULAR INJURY

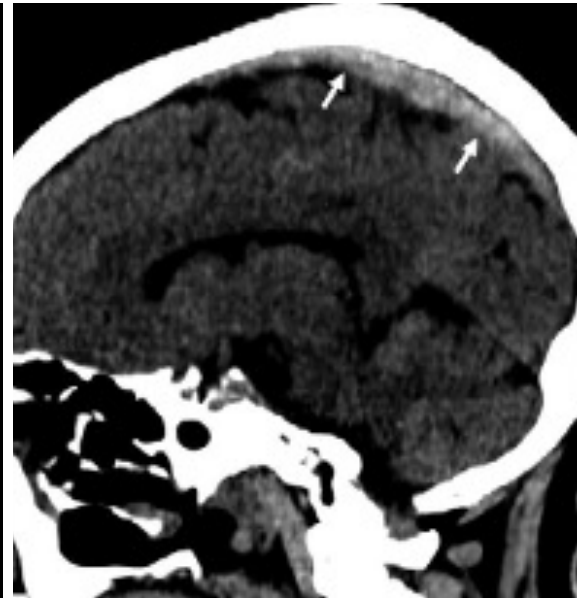
Strokes and vascular disease with COVID-19



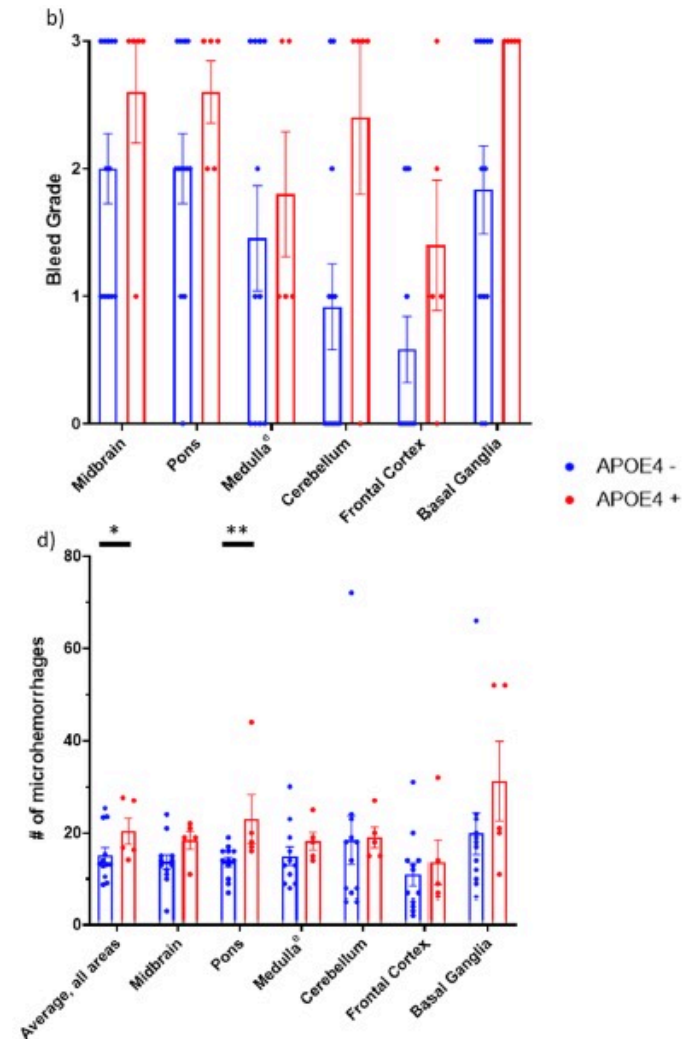
Berlin et al., NEJM 2020
DOI: 10.1056/NEJMc2009575



Coolen et al., MedRxiv 2020
DOI:10.1101/2020.10.18.20214221v1

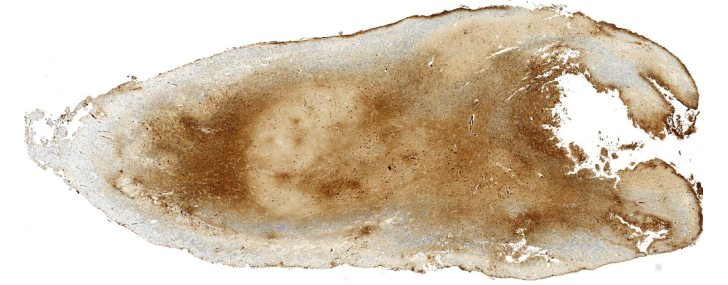
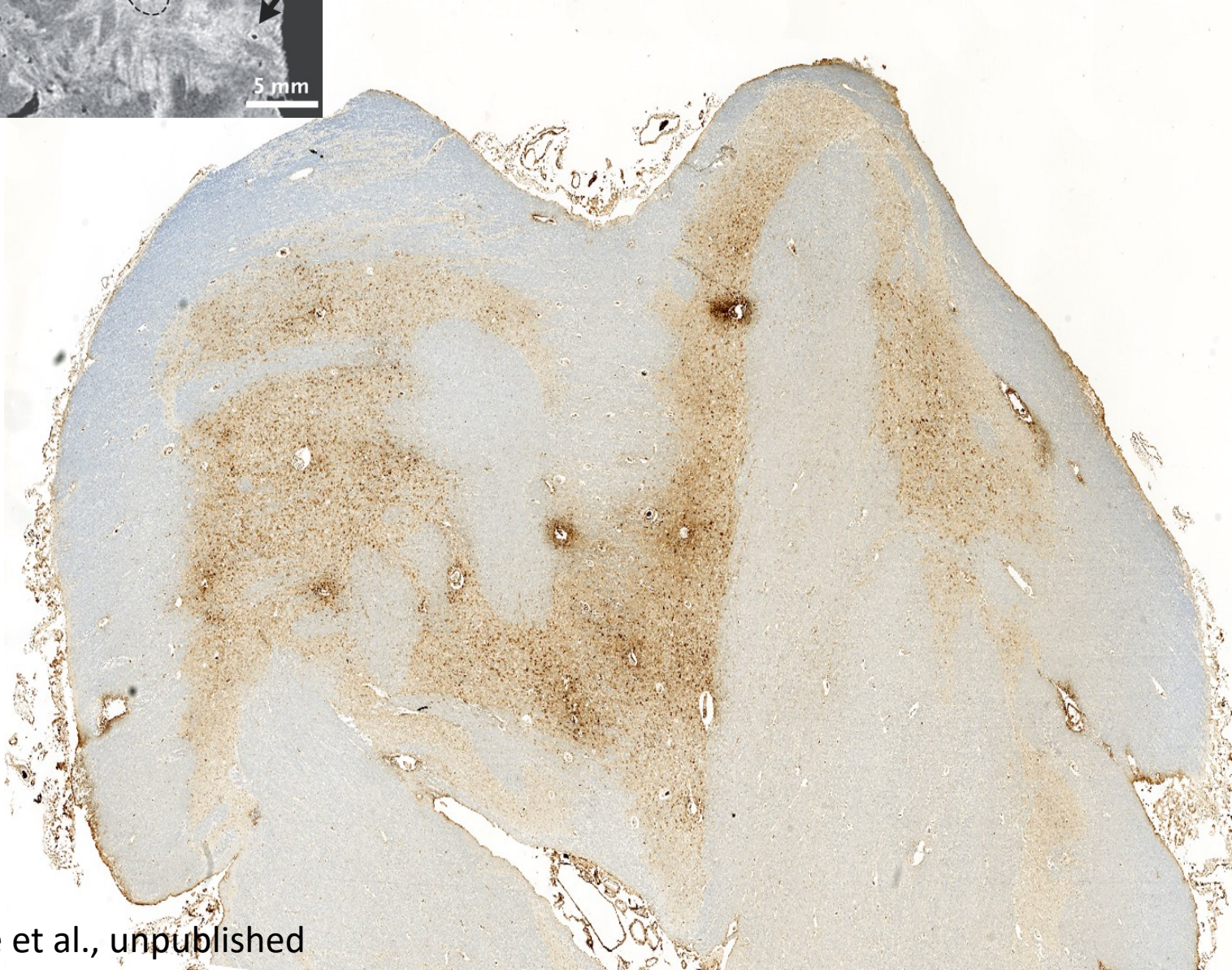
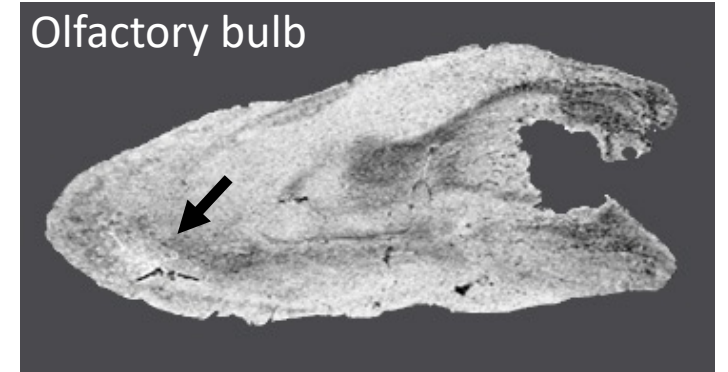
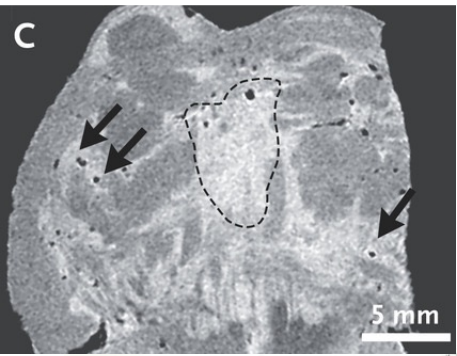


Abdalkader et al., J Stroke and Cerebrovascular Diseases 2021
DOI:10.1016/j.jstrokecerebrovasdis.2021.105733

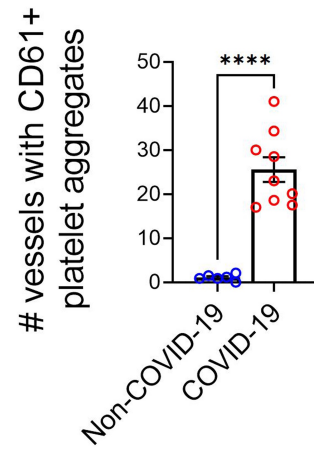
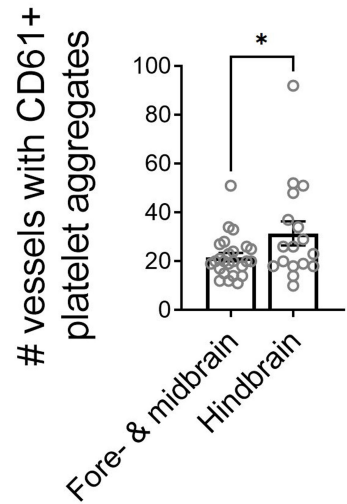
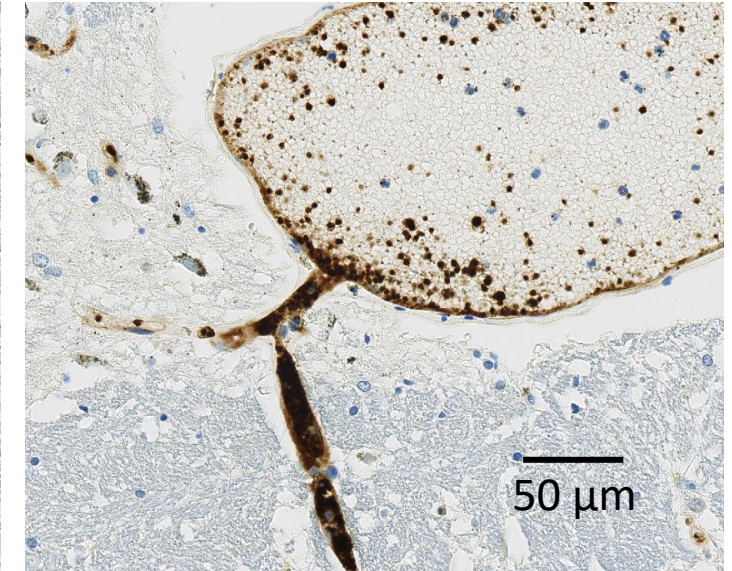
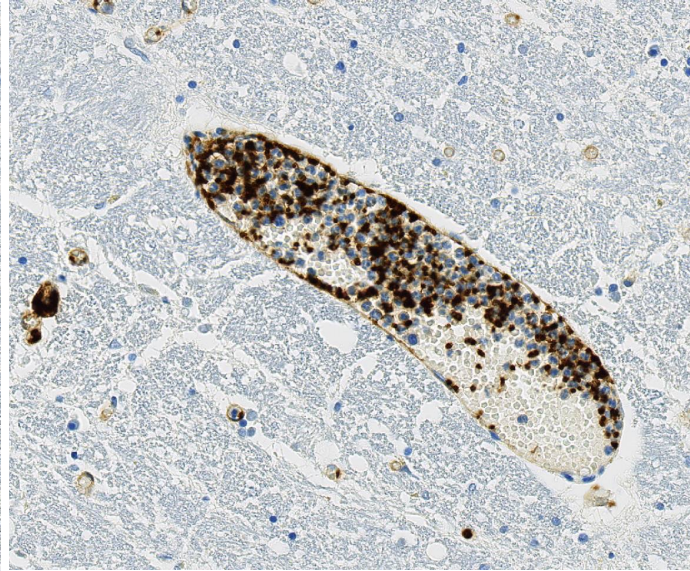
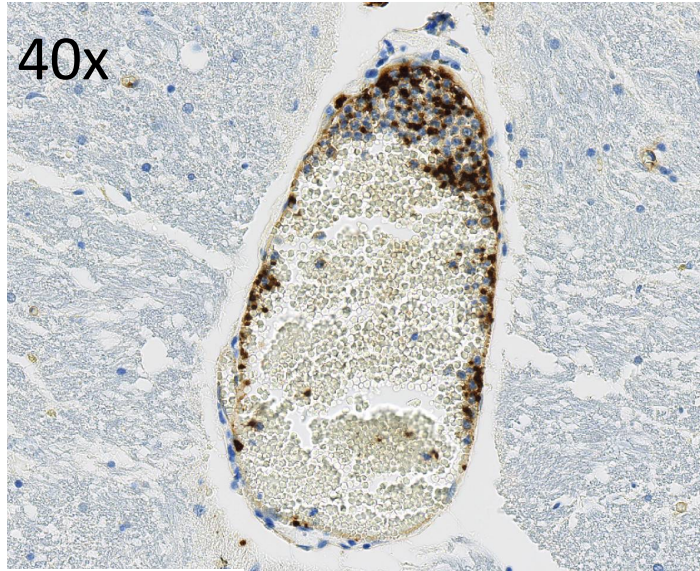


Kurki et al. Acta Neuropath
Comm 2021

Perivascular fibrinogen leakage indicates vascular injury



Platelets are activated and form clots in small blood vessels



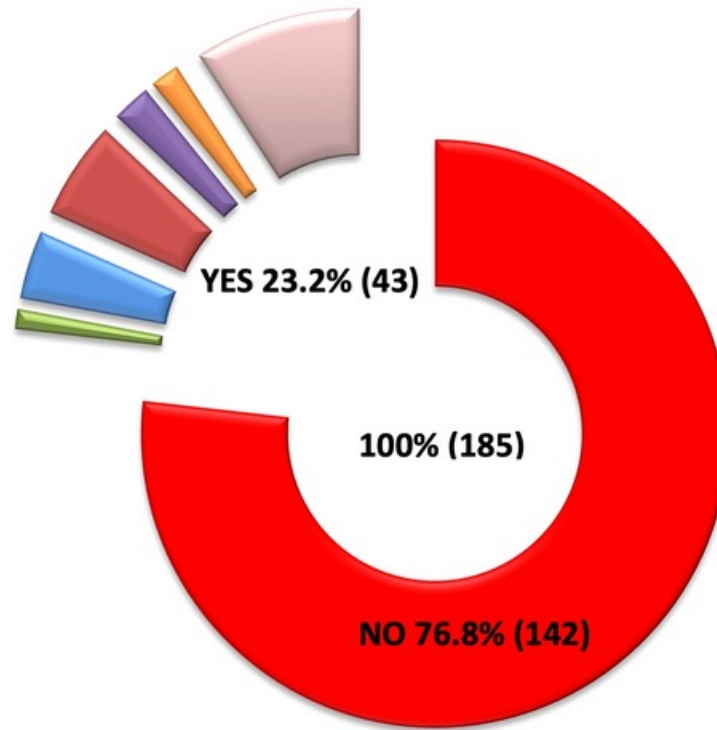
Anti-CD61 (activated platelets)

Lee et al., unpublished

Tinnitus in COVID-19 patients

6.6% of hospitalized patients complain of tinnitus. (Manchester study) Munro et al., 2020

40% tinnitus got worse with COVID
Beukes et al., 2020



■ continuous 4.7% (2)

■ occasional 23.3% (10)

■ pulsatile 7% (3)

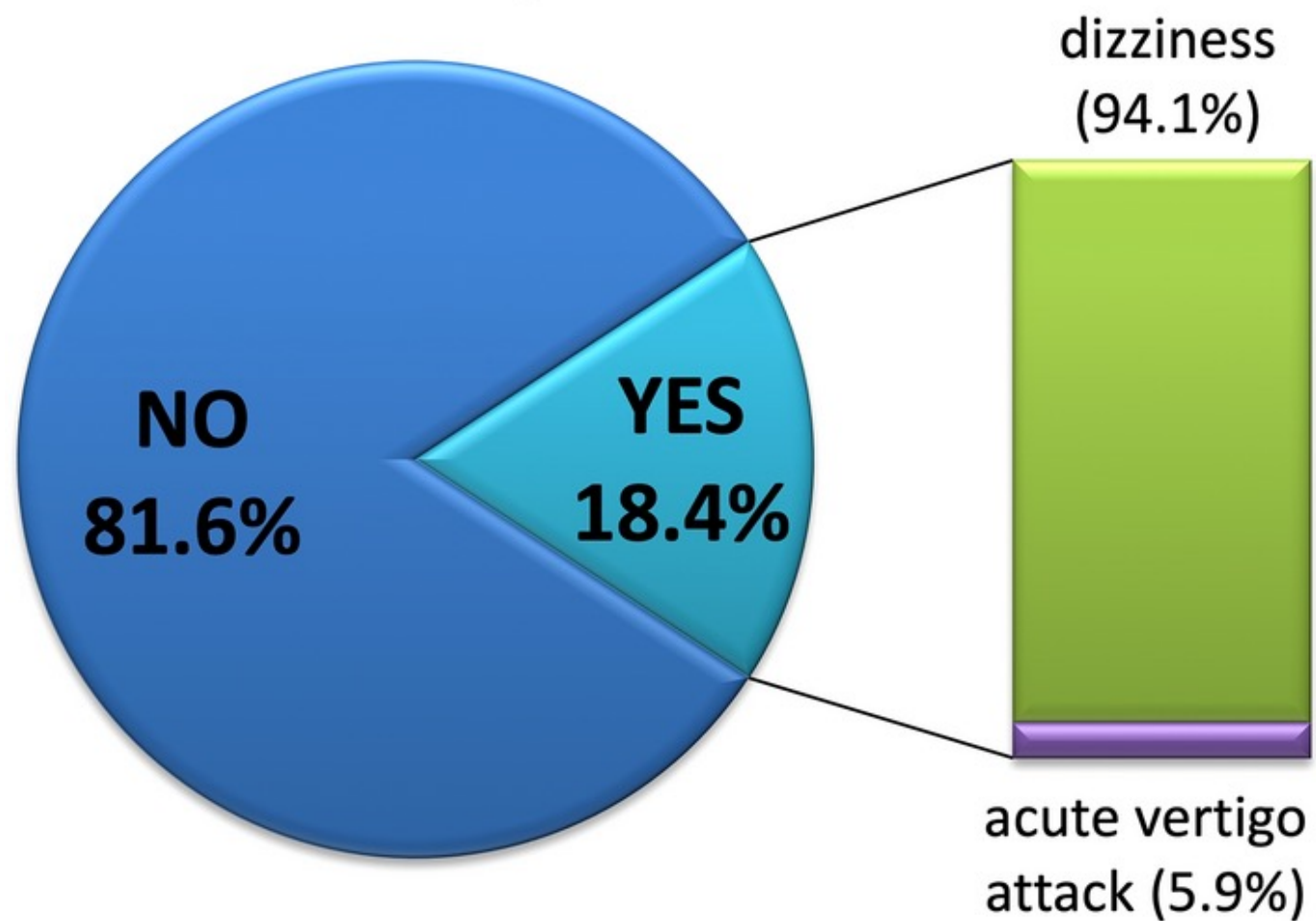
■ continuous fluctuating 16.3% (7)

■ persistent 9.3% (4)

■ recurrent 39.5% (17)

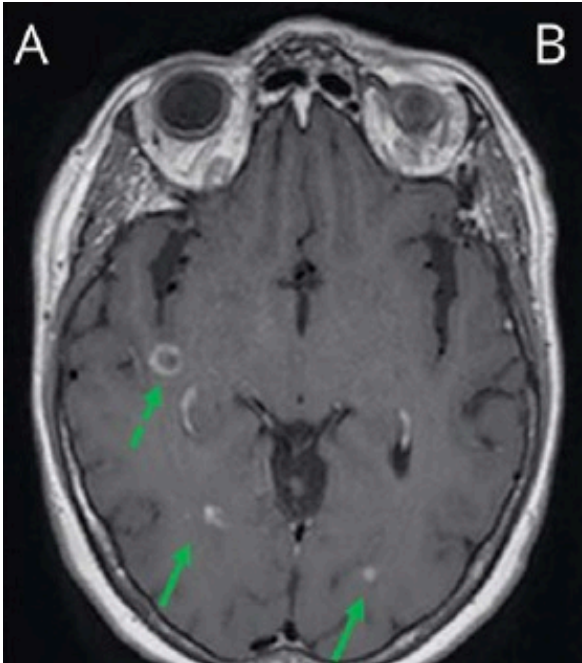
Viola et al., 2020

Vestibular disorders in COVID-19 patients



Subacute NEURO-INFLAMMATION

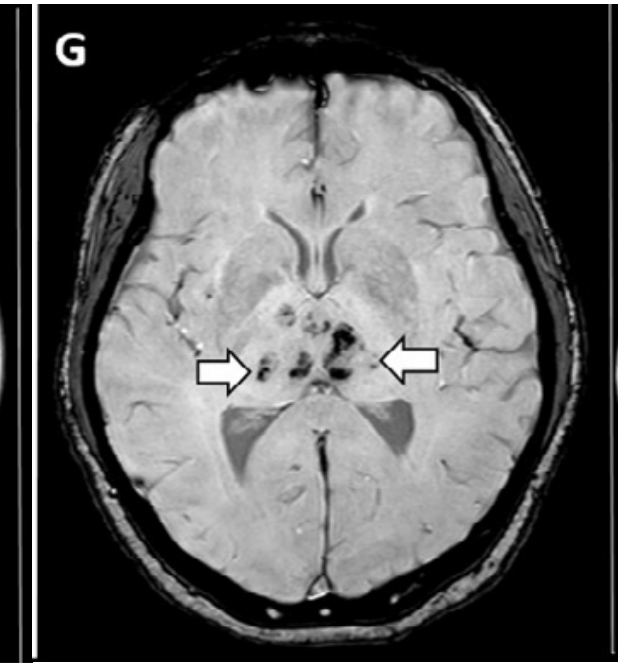
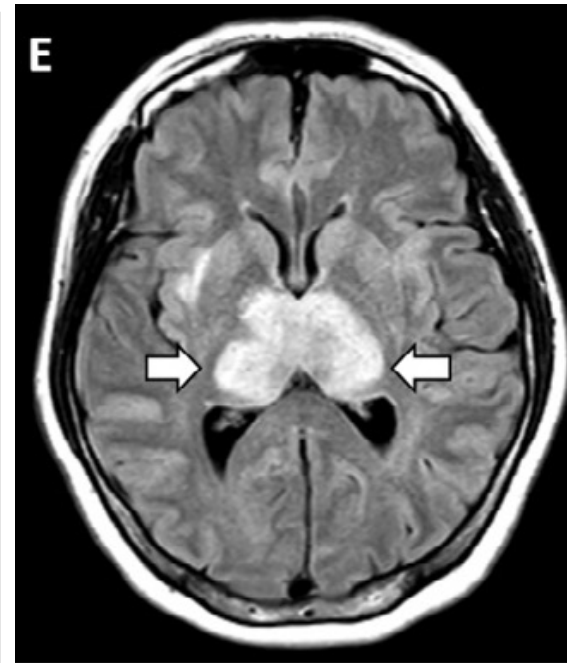
Types of inflammation in the brain



Acute disseminated
encephalomyelitis

T-cell mediated

Novi et al., Neurol Neuroimmunol
Neuroinflamm 2020



Acute necrotizing
hemorrhagic encephalopathy

Cytokine mediated

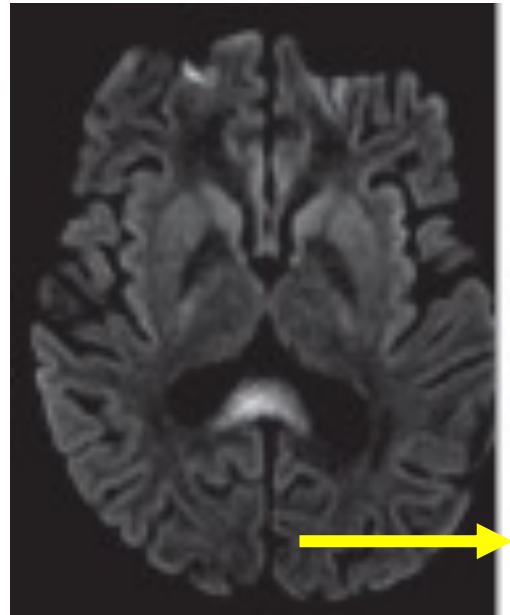
Poyiadji et al., Radiology 2020

Multi-system Inflammatory Syndrome with COVID-19 (MIS-C) in Children

Fever, dyspnea, rash, vomiting, circulatory failure

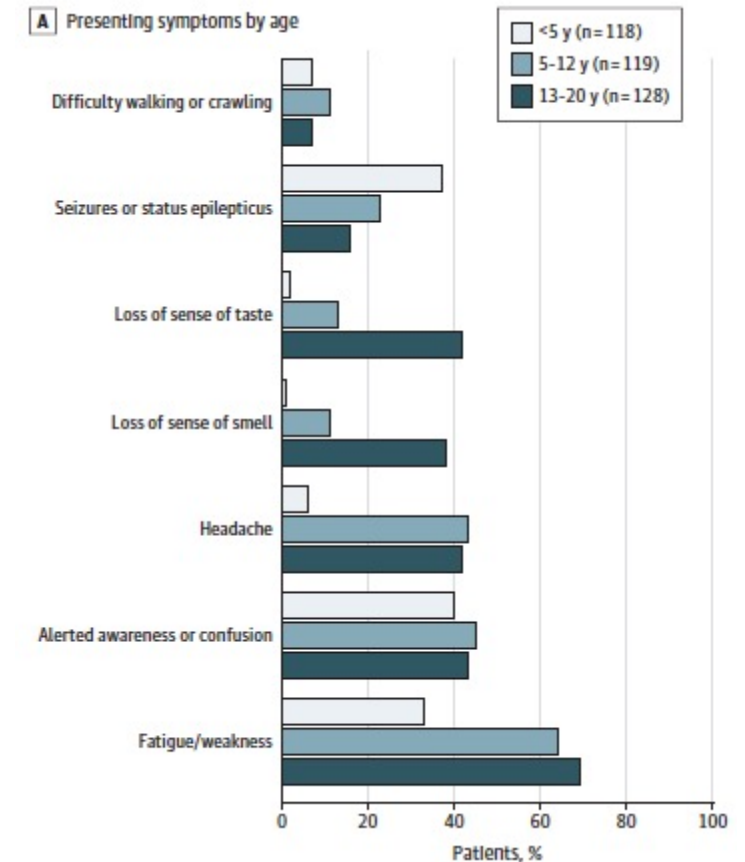
2 weeks later
Encephalopathy
Dysarthria
Dysphagia
Generalized flaccid weakness

Dexamethasone
IVIG
Partial response



Restricted diffusion on DWI in
Splenium of Corpus Callosum

CSF normal
Pericardial effusion
(small)
CRP: 29 mg/dL
D-dimer 1479 ug/ml
Ferritin 48,142 ng/ml
LDH: 4331 U/L

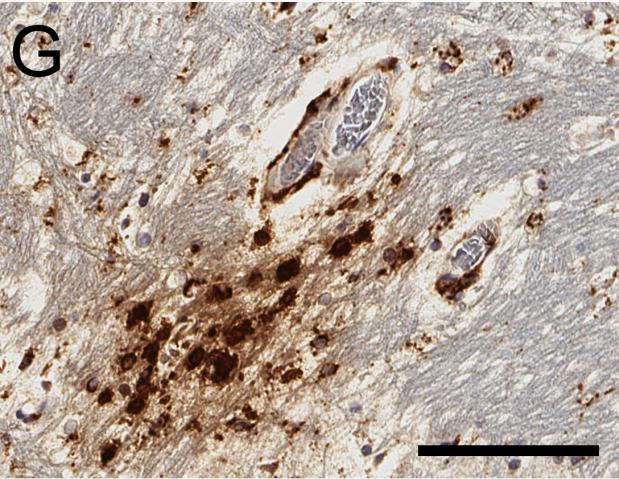


N=365 hospitalized children

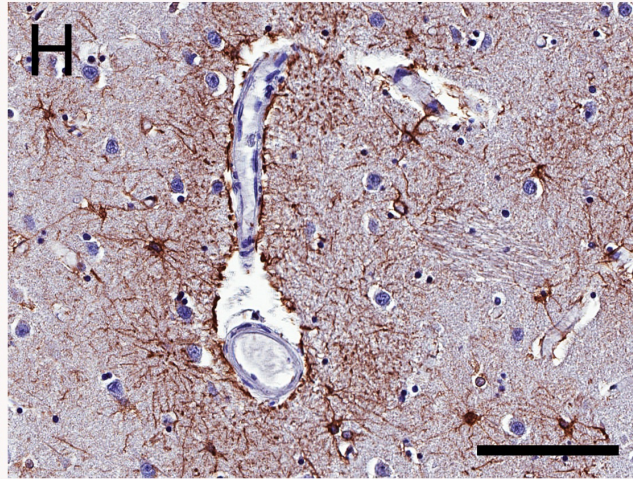
Abdel-Mannan et al.,
JAMA Neurol 2020

La Rovere et al., JAMA Neurol 2021

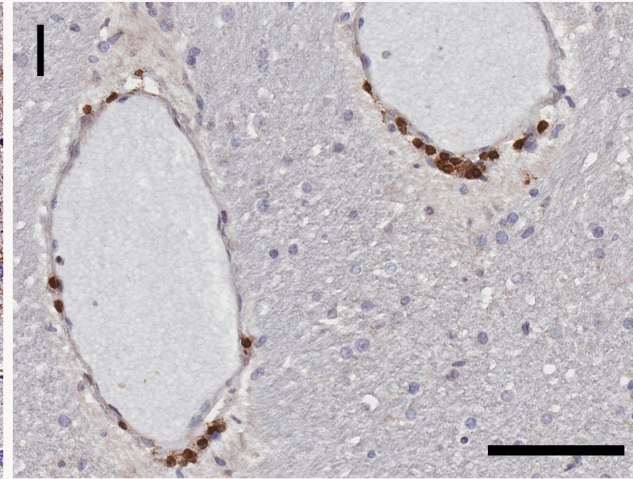
CD68: Macrophages



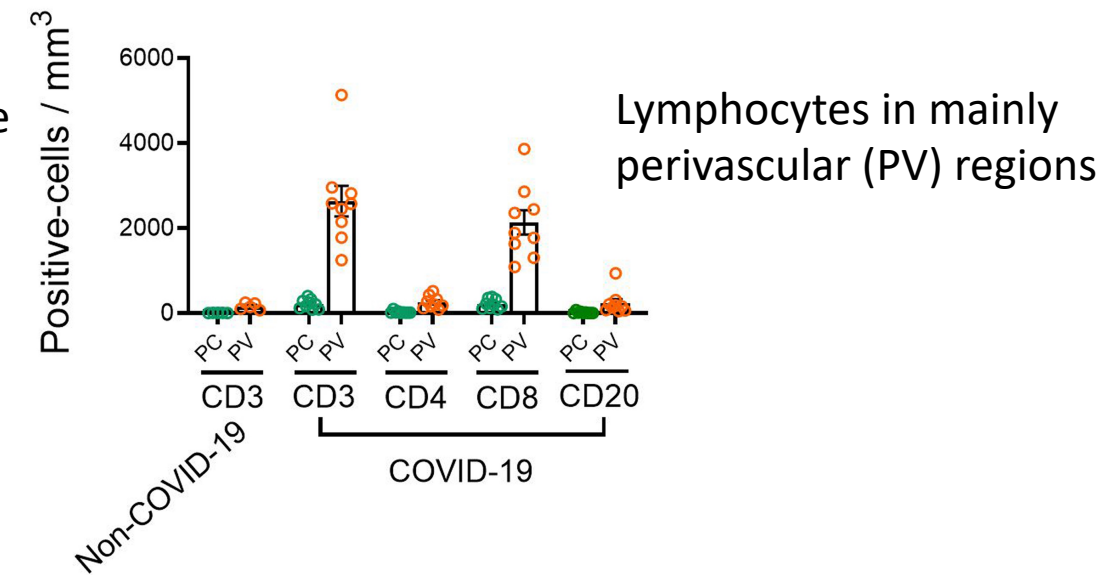
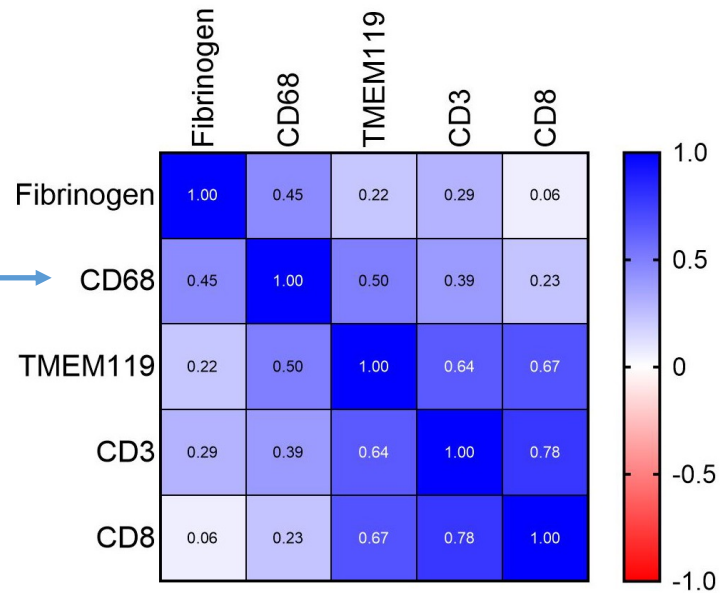
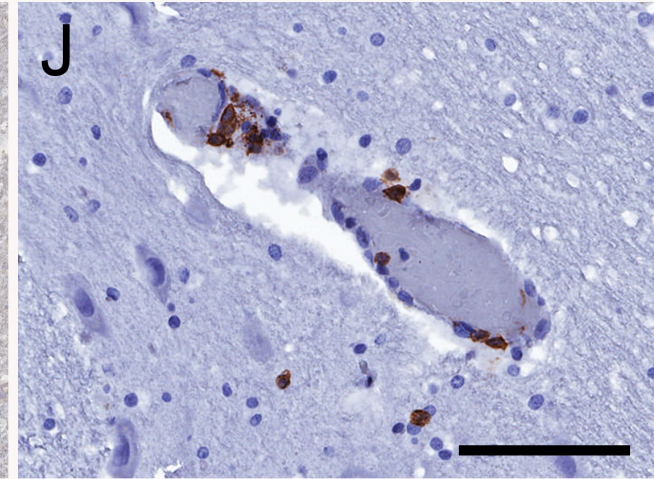
GFAP: Astrocytes



CD3 T cells



CD8 T cells



Miller Fisher syndrome and polyneuritis cranialis in COVID-19

Consuelo Gutiérrez-Ortiz, MD, PhD, Antonio Méndez-Guerrero, MD, Sara Rodrigo-Rey, MD, Eduardo San Pedro-Murillo, MD, Laura Bermejo-Guerrero, MD, Ricardo Gordo-Mañas, MD, Fernando de Aragón-Gómez, MD, and Julián Benito-León, MD, PhD

Neurology® 2020;95:e601-e605. doi:10.1212/WNL.00000000000009619

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COVID-19 presenting with ophthalmoparesis from cranial nerve palsy

Marc Dinkin, MD, Virginia Gao, MD, PhD, Joshua Kahan, MBBS, PhD, Sarah Bobker, MD, Marialaura Simonetto, MD, Paul Wechsler, MD, Jasmin Harpe, MD, Christine Greer, MD, Gregory Mints, MD, Gayle Salama, MD, Apostolos John Tsiouris, MD, and Dana Leifer, MD

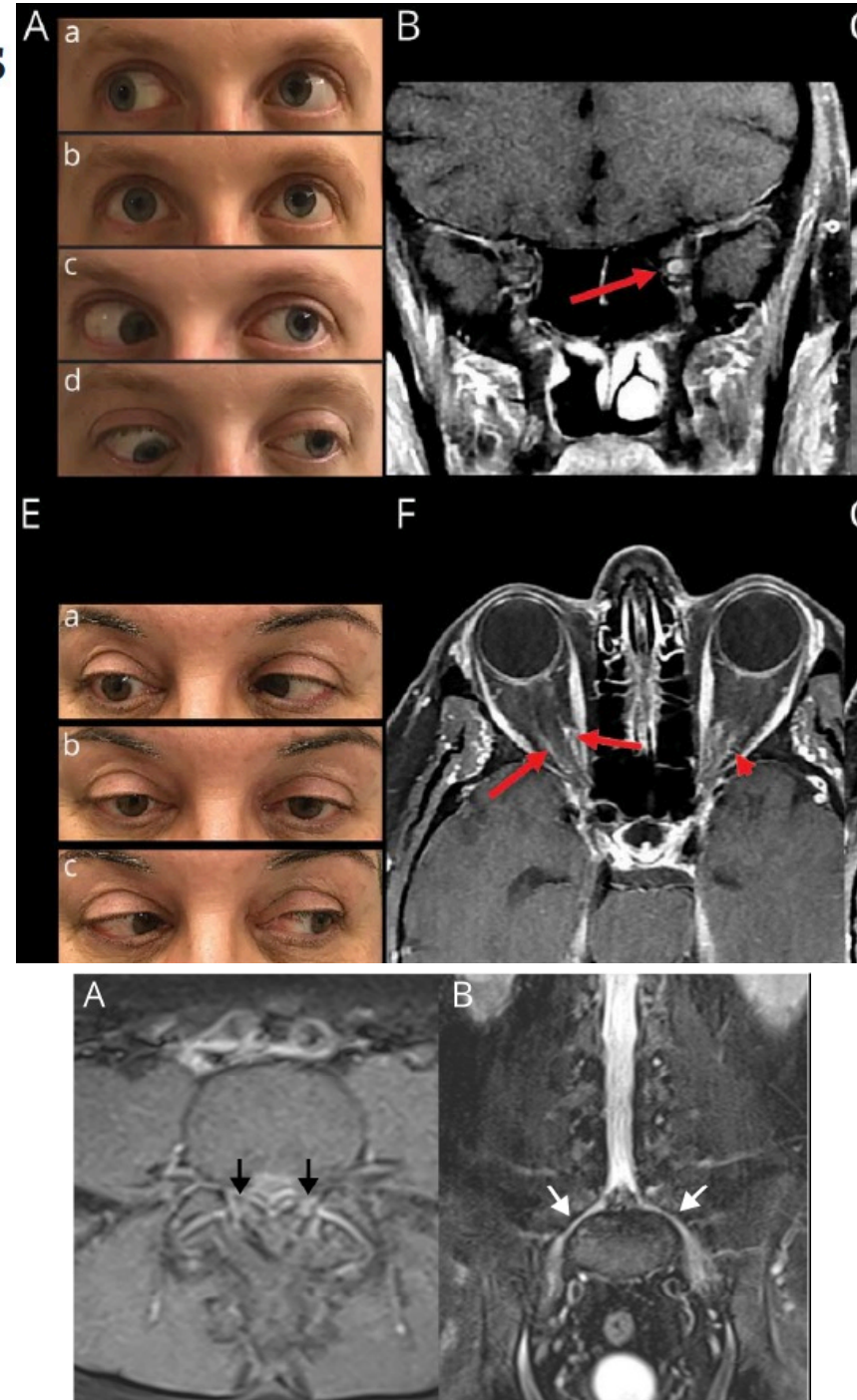
Neurology® 2020;95:221-223. doi:10.1212/WNL.00000000000009700

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Acute Polyradiculitis with COVID-19

Antunes Diaz et al., *Neurology Clinical Practice* 2020

All responded to IVIG



COVID-19–associated myositis with severe proximal and bulbar weakness

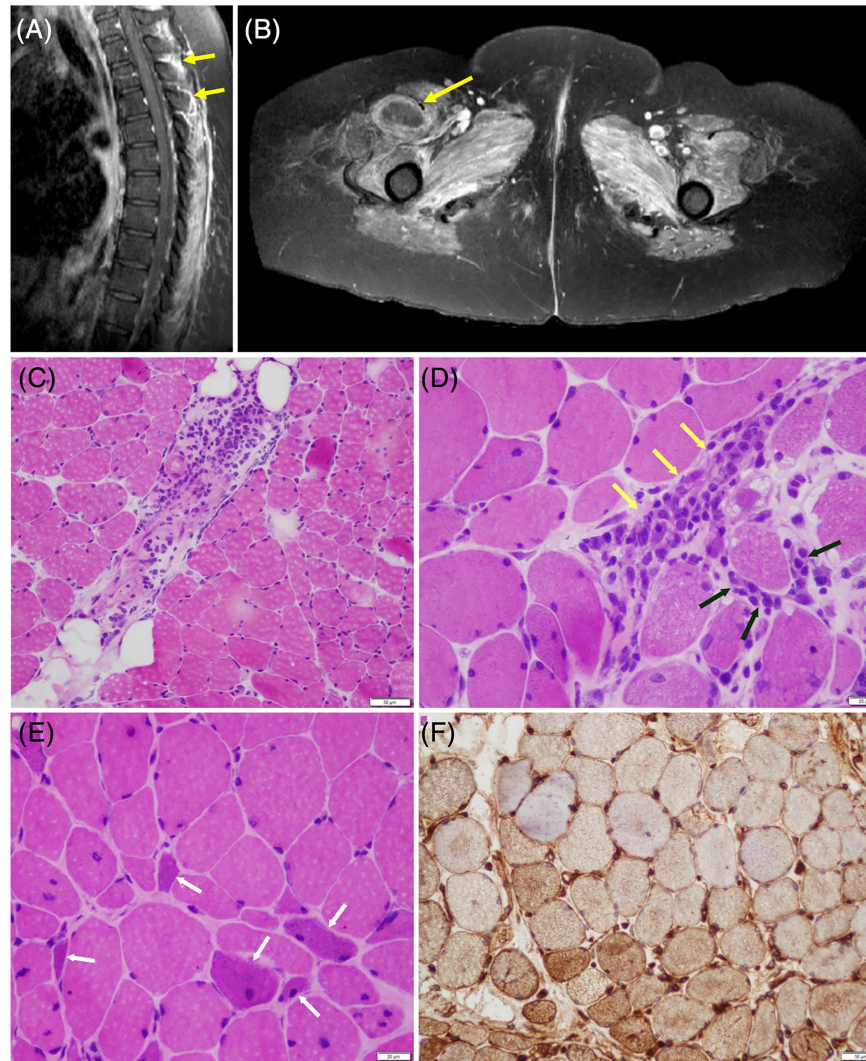
58 yr woman
Ptosis, facial weakness,
dysarthria, proximal muscle
weakness

CPK: 700

Treated with 1g/day of
methylprednisolone x 5 days

Improvement in 2 weeks

Regenerating
fibers



myonecrosis

Inflammatory
infiltrates

HLA

Positive for Ku, anti–SAE 1 IgG,
and anti–SS-A

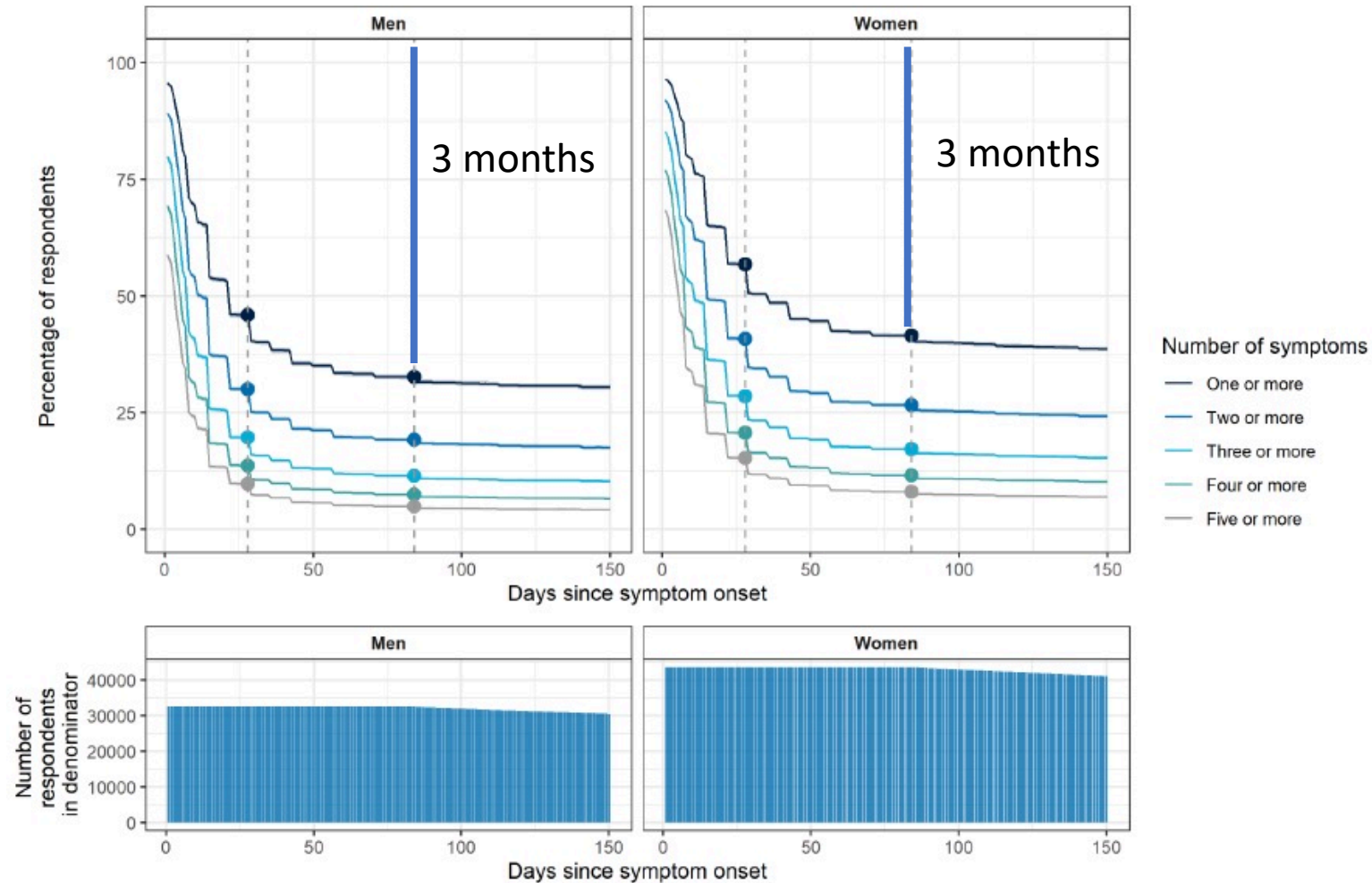
Chronic
Long-COVID

Recovery is unlikely after 3 months of persistent symptoms

Symptomatic at onset: n=79,155

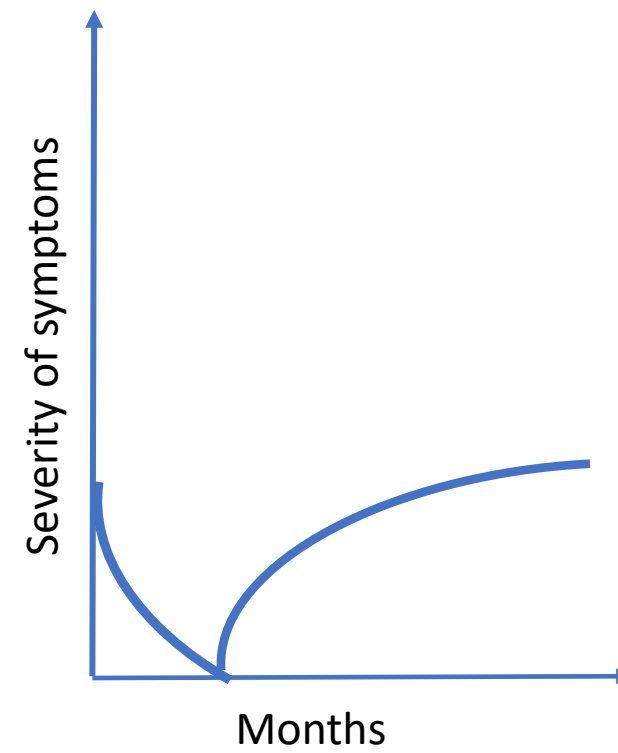
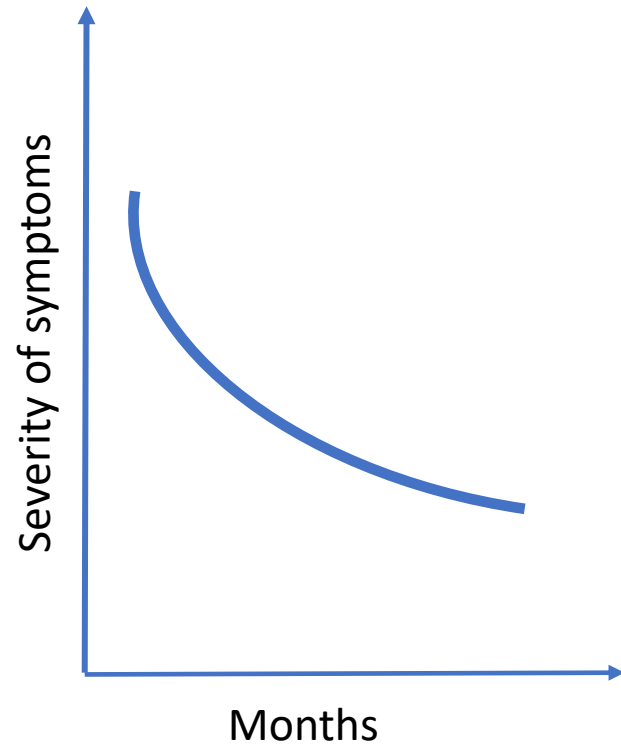
at 4 wks: n=39,737 (52%)

at 12wks: n=28,713 (38%)

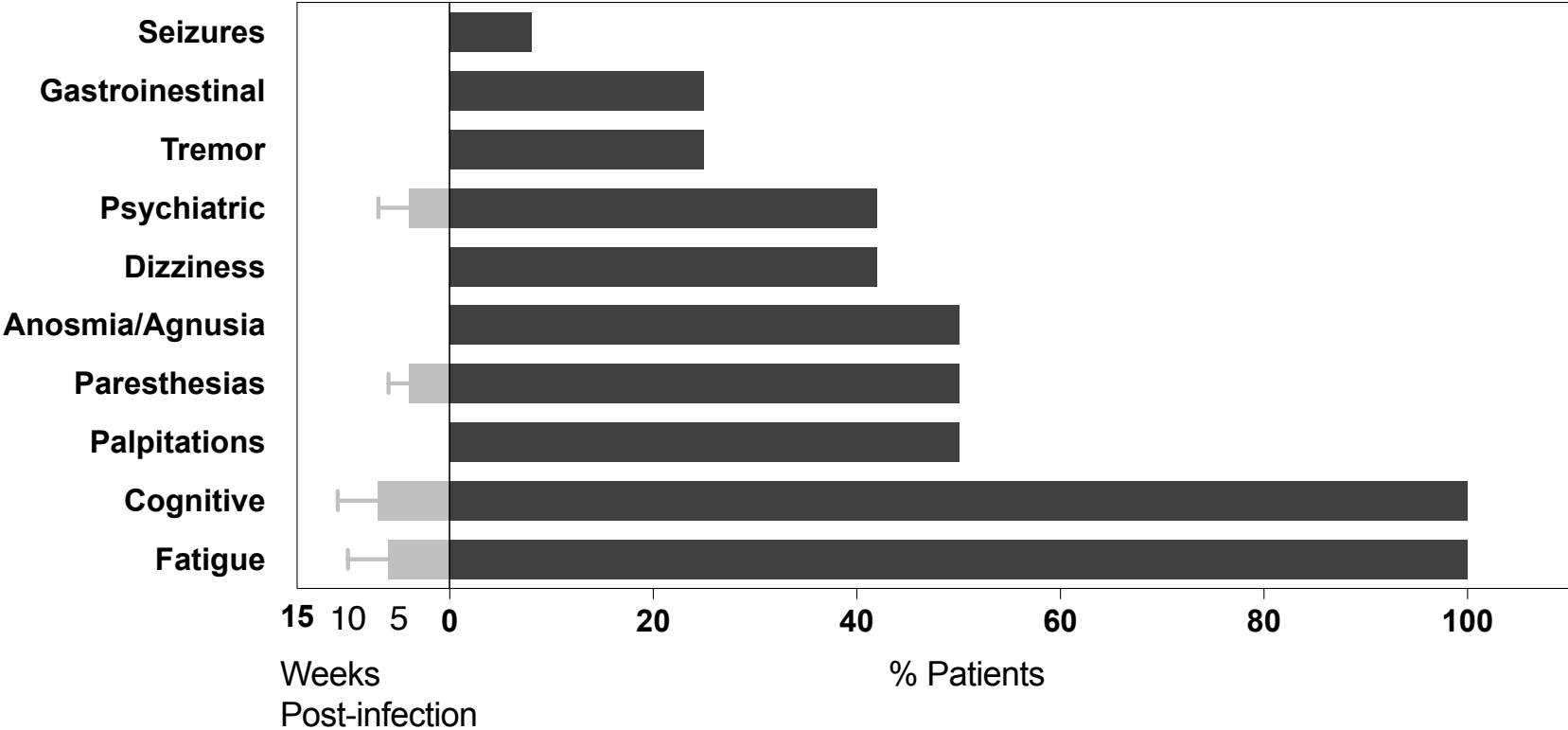


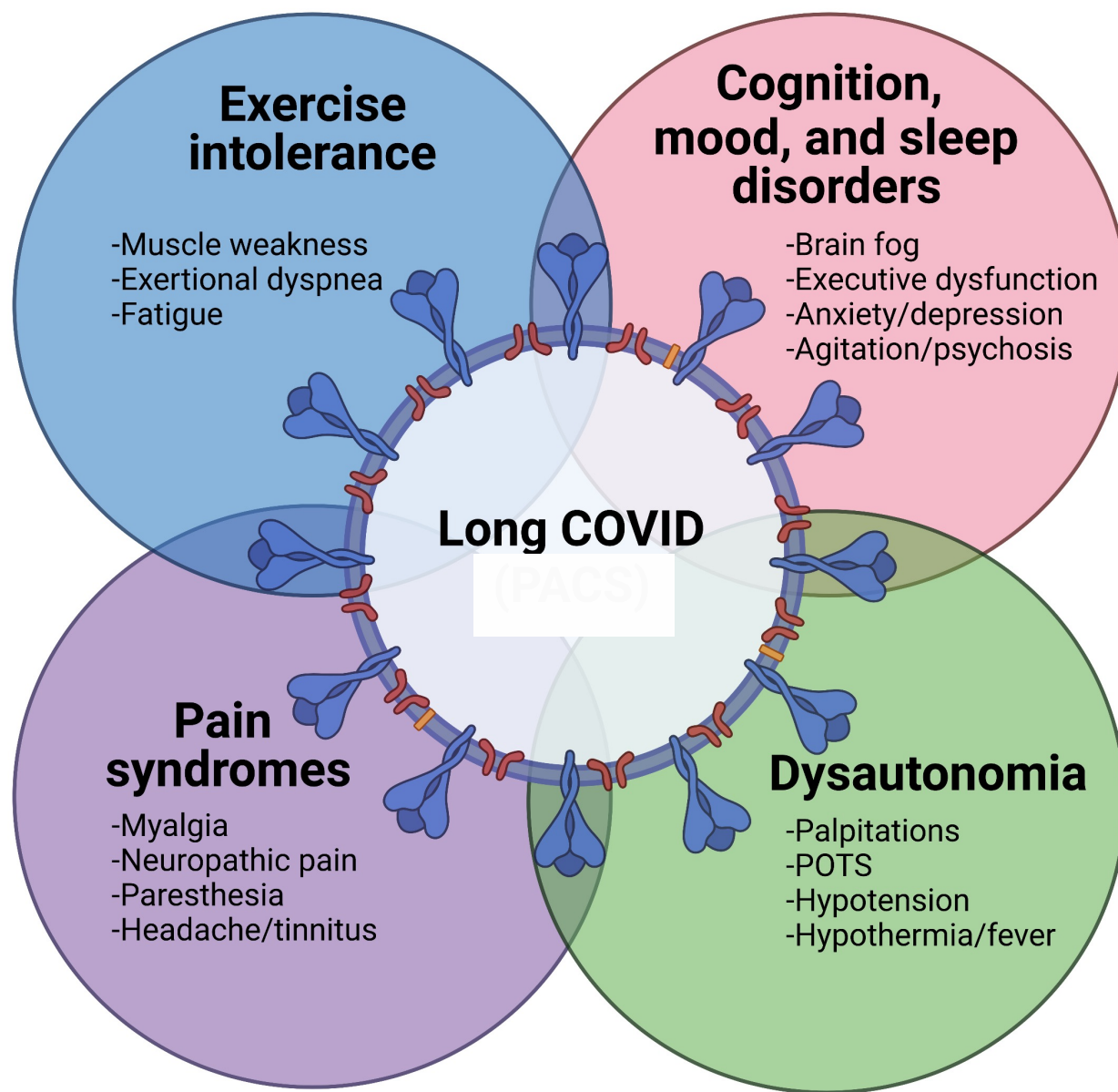
Whitaker et al., 2021
Imperial College London

PATTERNS OF LONG-COVID

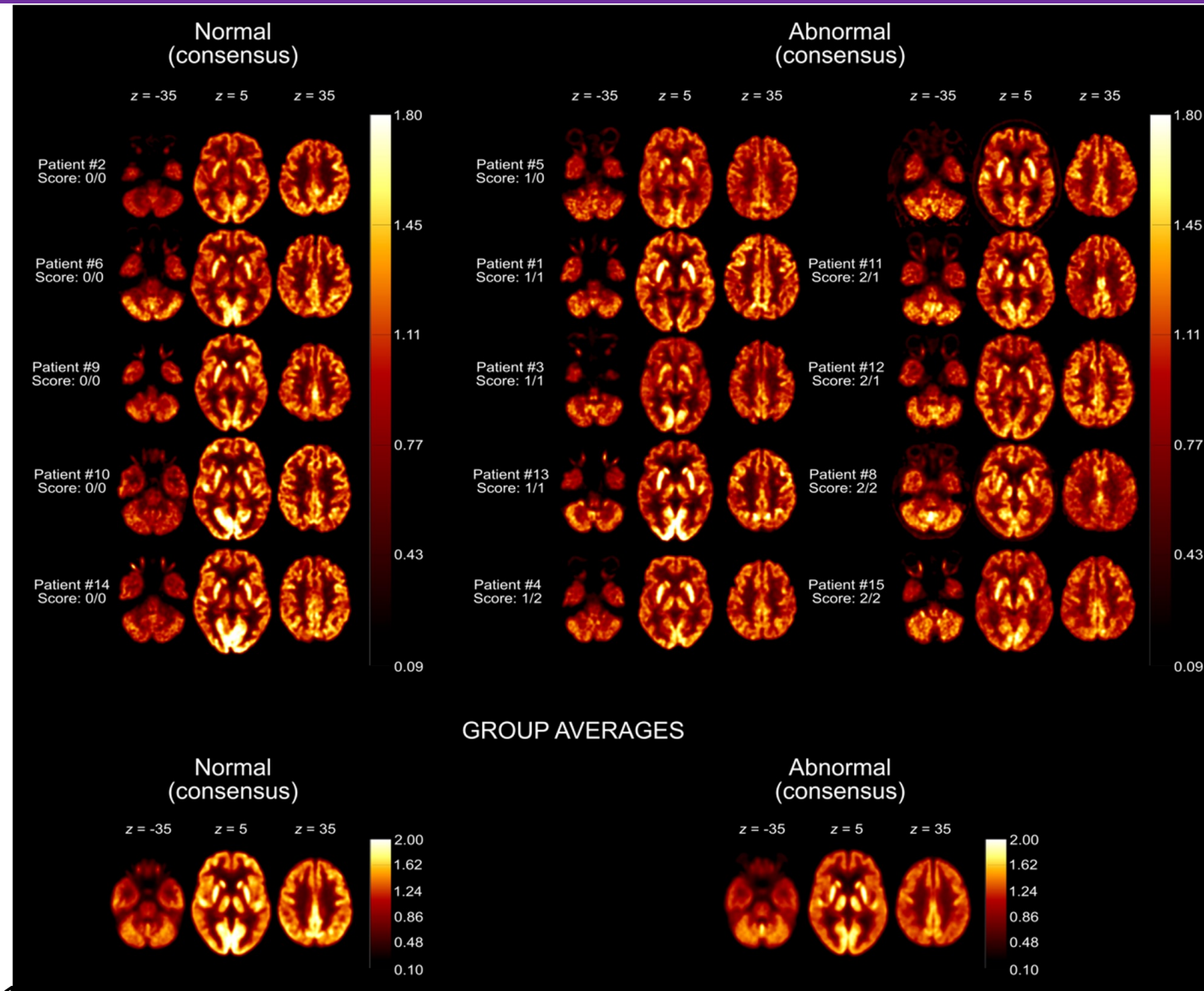


Neurological Symptoms following Mild COVID



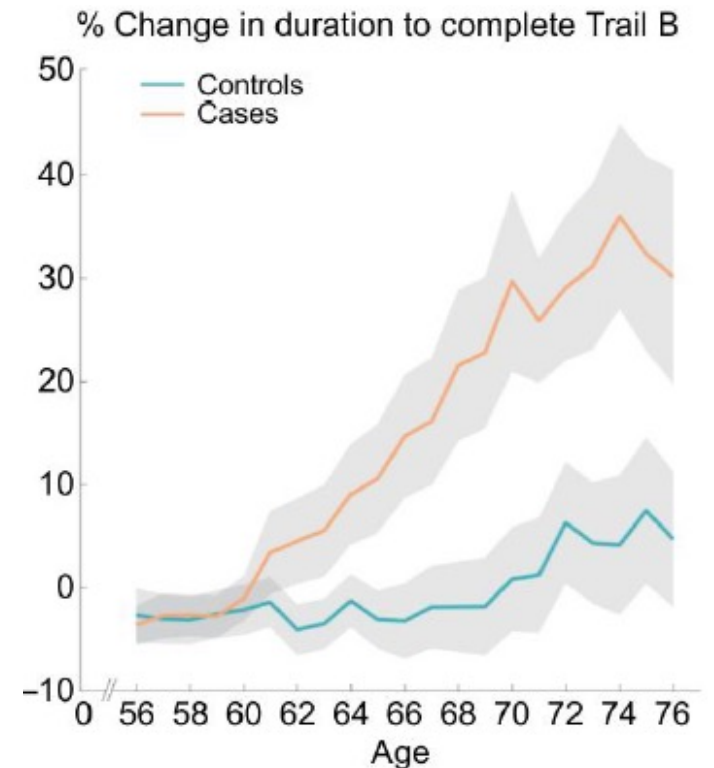
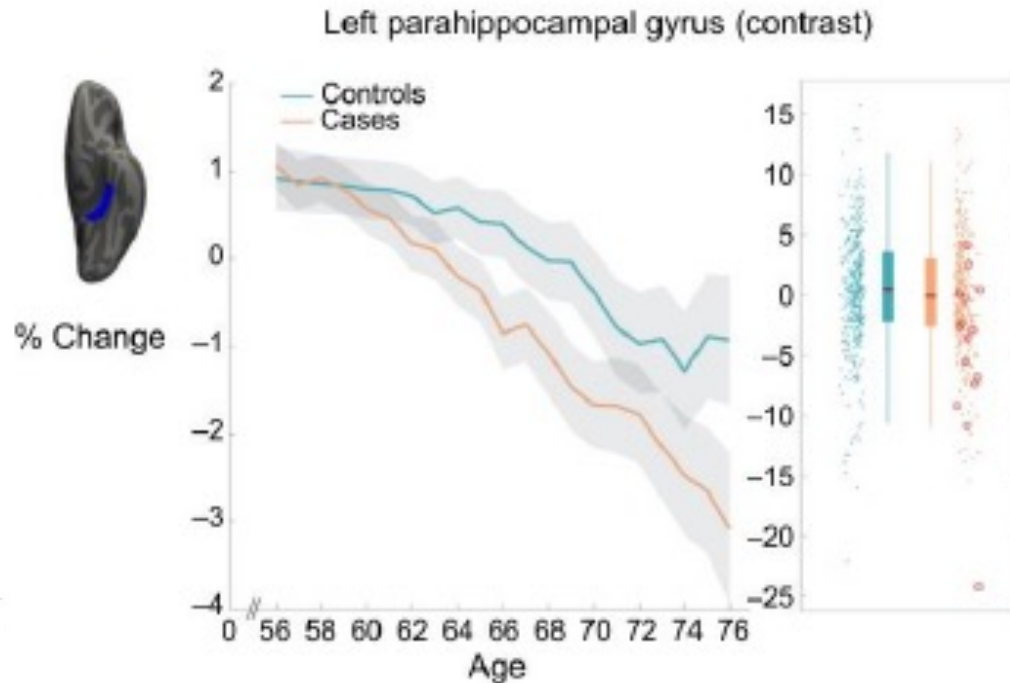
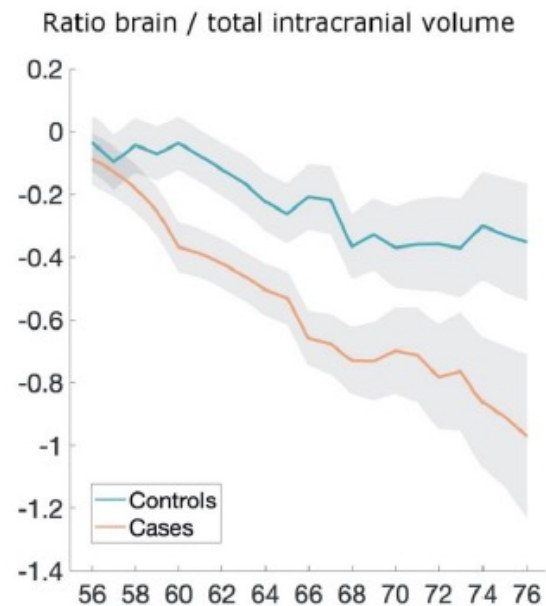


^{18}F FDG PET scans in subacutely ill hospitalized patients with COVID-19



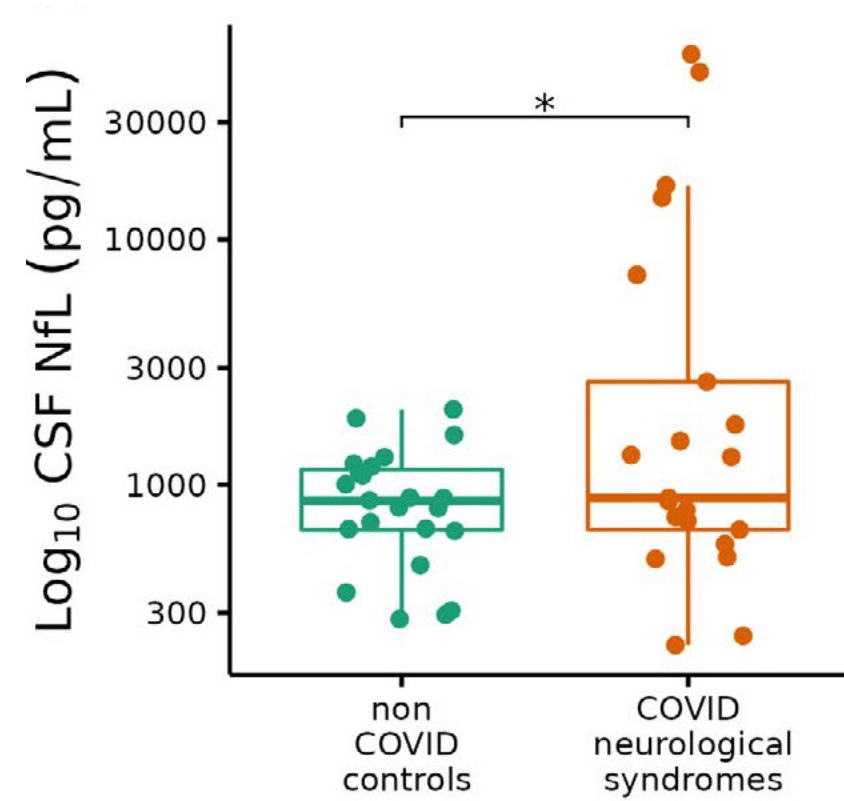
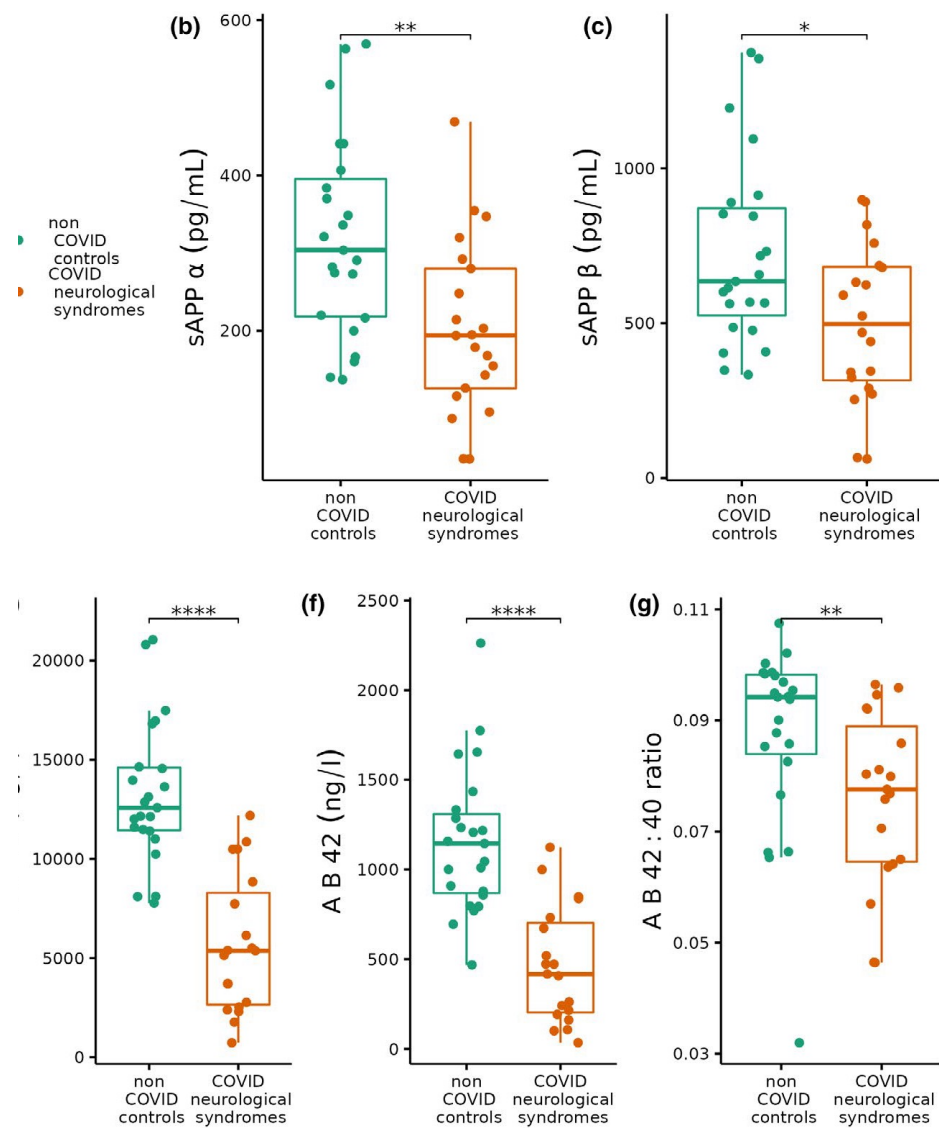
Accelerated Article Preview

SARS-CoV-2 is associated with changes in brain structure in UK Biobank

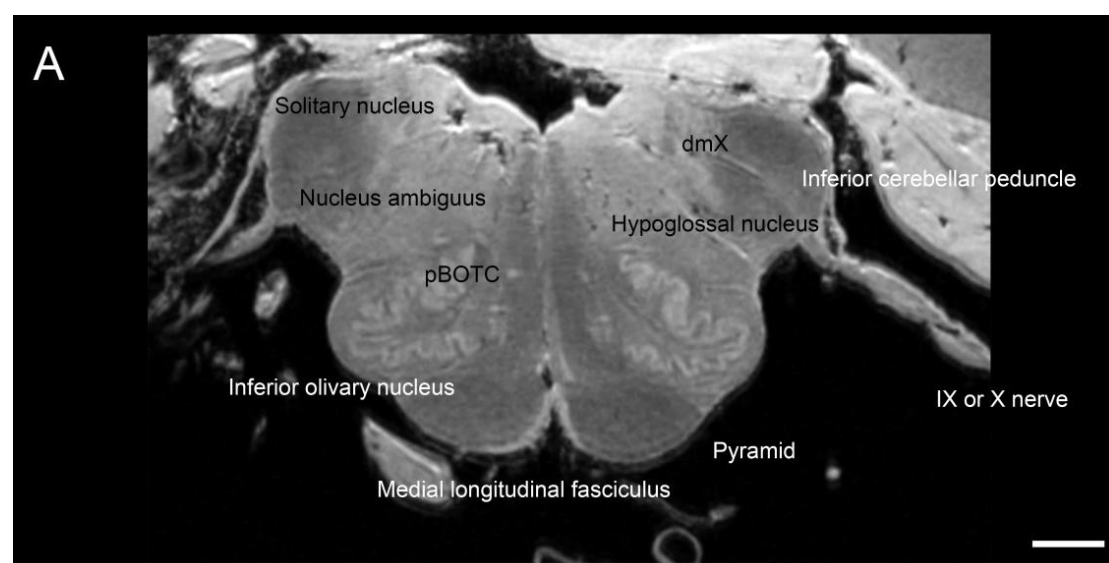


COVID cases: 401
Controls: 384

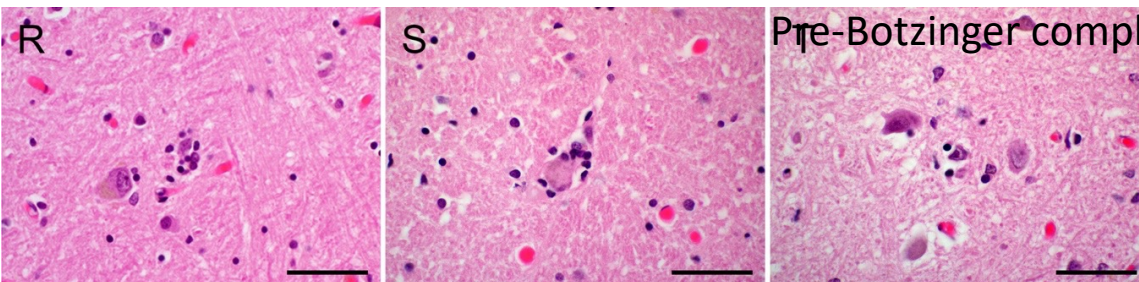
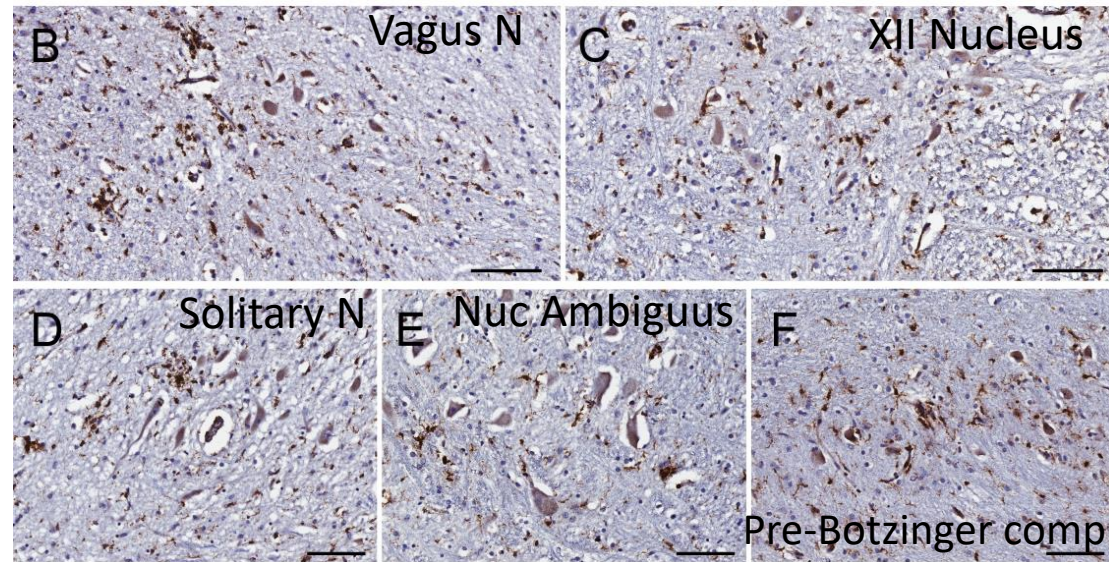
Douaud et al., 2022



Neuronal Injury in Brainstem



Post-mortem MRI
(11.4T scanner)
100 micron sections



Neuronophagia

Conclusions

- Direct invasion of the brain by SARS-CoV-2 is rare and does not explain the neurological complications
- Neuroimmune dysfunction is driven by activation of innate immunity, immune exhaustion and antibody mediated phenomenon
- Endothelial cell damage by immune complexes is the primary pathophysiological process in Neuro-COVID

Acknowledgements

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