

longitudinal study done in a population of hospitalized patients in Brescia.

Results

First studies show that not only clinical but also biopsychosocial effects are becoming increasingly important as long as more data are collected.

Conclusions

Although further research is needed to understand which patients are most vulnerable to neurological manifestations in the acute, long or post COVID-19 disease, however after this first year it is clear that neurological, biopsychosocial and mental health data need to be not only collected but also analysed in a manner that could help the understanding of characteristics, timing, and severity of neurological manifestations of COVID-19.

doi:10.1016/j.jns.2021.119842

119843

Bell's palsy following post COVID-19 infection myocarditis in pregnancy: The first case report

Pramith Ruwanpathirana^a, Thisari Athukorala^b, Vithoosan Sahathevan^a, Bimsara Senanayake^a, Mohommed Rishard^b, ^aNational Hospital of Sri Lanka, Institute of Neurology, Colombo, Sri Lanka, ^bDe Soysa Hospital for Women, University Professorial Unit of Obstetrics and Gynaecology, Colombo, Sri Lanka

Background and aims

Lower motor neurone facial nerve palsies are a rare complication of SARS-CoV-2 infection. Bell's palsy following COVID myocarditis has been reported previously but whether they are associated is not known. We report the first case of the above combination in pregnancy.

Methods

A 27-year-old Sri Lankan in her 2nd pregnancy complicated with pregnancy induced hypertension since POA of 26 weeks presented at 30 weeks with fever, productive cough and exertional dyspnoea for 4 days. She was tachypnoeic (RR-40 min) and tachycardic (PR-120 min). There was a left-sided mild pleural effusion (later confirmed by ultrasound) with clear lung fields (SpO₂-97%). The ECG had widespread T inversions and ST-depressions, 2D-Echo had global hypokinesia with a thin rim of pericardial fluid. Serum troponins were marginally elevated (0.4 ng/ml). She had a neutrophil leucocytosis with elevated ESR (120 mm/h), CRP (291 mg/l) and D-dimers (1249 ng/ml). Deep vein thrombosis and pulmonary embolism were excluded by imaging. Blood and urine cultures were negative. The SARS-CoV-2 PCR was weakly positive with a strong positivity for COVID antibodies. Serology for enterovirus, rickettsia, Legionella and Mycoplasma were negative. She had an uneventful recovery after a hospital stay of 2 weeks managed symptomatically and with prophylactic antibiotics.

Results

One-week post-discharge she presented a left sided Bell's palsy without other neurological signs, symptoms; a phenomenon reported by many. She was treated with Galvanic stimulation and oral steroids for 10 days and made an uneventful recovery in 2 weeks.

Conclusions

COVID in pregnancy is a predisposition to Bell's palsy. It's association with myocarditis should be sought.

doi:10.1016/j.jns.2021.119843

119844

COVID-19: The nature of pain in complications of the maxillofacial region

Akmal Kholmuratov^a, Dilnoza Bobamuratova^b, Yokubjon Kurbanov^a, ^aTashkent medical academy, Neurology, Tashkent, Uzbekistan, ^bTashkent Medical Academy, Otolaryngology & Stomatology, Tashkent, Uzbekistan

Background and aims

Patients with coronavirus disease have severe complications in the form of thrombosis, facial bone necrosis. Purpose: monitoring of the nature of pain syndrome in maxillofacial region of patients with COVID-19.

Methods

Clinical analysis was carried out in 50 patients who applied to the TMA clinic. The average age of patients was 60 ± 9.0 years, including 27 women (54%) and 23 men (46%), with diagnosis of cavernous sinus thrombosis, osteomyelitis of jaw 1–3 months after the onset of acute COVID-19 disease. During the 10-day period of hospitalization and 6 months of rehabilitation, the pain was assessed according to a 10-point criterion (pain load - 0 points, very strong - 10 points) through the questionnaire.

Results

N. Facialis paresis was in 39 patients, paresthesia of the 3rd corneal nerve in 28 patients. Local pain was observed in 15% of the head, 50% irradiated to facial nerve and 35% in the area of facial inflammation. After the first 10 days of treatment, pain decreased from 10 to 2.5 points in 35% of patients. Severe pain was observed in 10% of patients (8–10 points), and in 25% of patients, the average simultaneous pain in the local jaw area remained within 3.5 ± 0.38 (p ≥ 0.05). In 15% of patients, the headache persisted up to 4–5 (on average) points, in 15% of patients the headache completely disappeared. The mean pain score was 2.6 ± 0.3 (p ≥ 0.05) in all patients older than 6 months.

Conclusions

In patients undergoing COVID-19, with thrombosis, facial necrosis severe pain persisted long time.

doi:10.1016/j.jns.2021.119844

119845

Structural epilepsies in patients with coronavirus infection on admission to an urban emergency hospital (Pokrovskaya City Hospital, in St. Petersburg)

Anna Koloteva^a, Galina Odintsova^b, ^aAlmazov National Research Centre, Polenov Neurosurgical Institute, St. Petersburg, Russian Federation, ^bPolenov Russian Neurosurgical Research Institute – A Branch of Federally Funded Institution “Almazov National Medical Research Centre” of the Ministry of Health of the Russian Federation, Epileptology, St. Petersburg, Russian Federation

Background and aims

The research team decided to investigate:

Structure, etiology, and features of the course of epilepsy syndrome in patients admitted to hospital with suspected or confirmed coronavirus infection and concomitant and/or concomitant diagnosis of epilepsy syndrome (call an ambulance for development of seizure\seizure in presence of emergency doctor)