

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. www.elsevier.com/locate/euroneuro





CORRESPONDENCE

Cognitive impairment or dementia in post-acute COVID-19 syndrome. Two suspects and a perfect detective: Positron emission tomography (PET) scan

Dear Editor,

Recent evidence shows that SARS-COV2 infection could become a significant risk factor for dementia, in addition to aging, due to the virus' damage to the brain (Toniolo et al., 2021). Cognitive impairment, brain fog, and dementia are associated with the spectrum of psychiatric disorders in post-acute COVID-19 syndrome (PDPACS) (Paez et al., 2022; Toniolo et al., 2021)). Due to the course of dementia and early reversible cognitive decline in PDPACS, having a differential diagnosis among these disorders within the first six months could be challenging. Therefore through this letter, we want to highlight the importance of follow-up through imaging studies, specifically Proton Emission Tomography (PET). PET could analyze early brain changes after SARS-CoV-2 infection and become part of the standard of care differentiating cognitive impairement from irreversible cognitive impairement, otherwise known as dementia (Fig. 1). (Rudroff et al., 2021).

Magnetic Resonance Imaging (MRI) and PET scans are used to identify the effects of SARS-COV-2 infection in the brain. MRI analysis showed that 41 of 57 patients (71%) had perfusion abnormalities and ischemic and hemorrhagic lesions in white matter (Lambrecq et al., 2021). In contrast, PET scans allow the observation of the earliest abnormalities like hypometabolism in amygdala, and hippocampus, and the spread towards the thalamus, pons, medulla, and bilateral cerebellum, correlated with patients abnormalities such as hyposmia/anosmia, memory loss, and cognitive complaints of significant clinical relevance in PDPACS (Rudroff et al., 2021). PET advantages over MRI are due to the use of [18F] fluorodeoxyglucose (18F-FDG) radiotracer as a glucose consumption biomarker, which can help target metabolic changes in the brain before structural abnormalities mainly observed by MRIs (Rudroff et al., 2021).



Alzheimer's Disease (AD), and SARS-COV-2-infection, show early pathogenic similarities in the brain associated with hypometabolic changes before the appearance of structural modifications such as atrophy. Considering this, MRIs are less informative than PETs and will not detect the first signs of cellular metabolic stress that may lead to dementia. (Suzuki et al., 2019). Interestingly, Herholz et al., assessed 395 patients with AD and compared them to normal subjects. By using PET, they observed a reduction in the 18F-FDG uptake in the parietal, temporal, and prefrontal lobes. They found a mild to moderate AD (93% sensitivity and specificity) and very mild AD (i.e., mini-mental status examination (MMSE > 4) (with 84% sensitivity and 93% specificity) (Rudroff et al., 2021). AD and PET scans of post-COVID-19 share similar pathological changes associated with cellular metabolic stress as an early marker of dementia. Monitoring the persistence or advancement of hypometabolism in the brain with PET and the absence of cognitive recovery could indicate the progression towards dementia in comparison to reversible cognitive impairment.

Considering these studies and early evidence, PET could become a standard of care tool to evaluate earlier pathogenic changes in the brain, possibly due to the excess inflammation, which is characteristic of SARS-COV-2 infection. More studies will be needed to validate PET; however, its use could help differentiate the persistence of cognitive impairment from dementia. The use of PET may help diagnose and could be indicated in thousands of patients recovered from COVID-19 with early signs of PDPACS, and alleviate the burden in health systems around the world.

Author contributions

MV, AF, BN, CEV, YLT, and AC wrote the manuscript, reviewed and cured data; KZ and AC revised the manuscript information, clinical data and applications. MV and AF conceptualize the article and provided the idea of using PET as a standard of care tool to evaluate earlier pathogenic changes in the brain, possibly due to the excess inflammation, which is characteristic of SARS-COV-2 infection. AC supervised, mentored and administered the work. MV, AF, BN, CEV, YLT, KZ



Fig. 1 Role of PET scan in the early assessment of cognitive impairment or dementia in PDPACS. PET could analyze early metabolic brain changes during the first 6 months after SARS-CoV-2 infection before structural modifications. PET may become part of the standard of care, differentiating cognitive decline from irreversible cognitive decline, otherwise known as dementia. PET uses 18F, a glucose consumption biomarker. Higher incorporation of 18F is shown in the PET images with red). Image created with BioRender.com.

and AC reviewed and commented on the manuscript to its final form and approval.

Funding

Sistemas Médicos de la Universidad San Francisco de Quito, SIME - USFQ. Escuela de Medicina, Colegio de Ciencias de la Salud COCSA, USFQ, Quito, Ecuador. These funding sources had no role in the design of this study and will not have any role during its execution, analyses, interpretation of the data, or decision to submit results.

Declaration of Competing Interest

Other authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

Lambrecq, V., Hanin, A., Munoz-Musat, E., Chougar, L., Gassama, S., Delorme, C., Cousyn, L., Borden, A., Damiano, M., Frazzini, V., Huberfeld, G., Landgraf, F., Nguyen-Michel, V.-.H., Pichit, P., Sangare, A., Chavez, M., Morélot-Panzini, C., Morawiec, E., Raux, M., Luyt, C.-.E.Cohort COVID-19 Neurosciences (CoCo Neurosciences) Study Group, 2021. Association of clinical, biological, and brain magnetic resonance imaging findings with electroencephalographic findings for patients with COVID-19. JAMA Netw. Open 4, e211489. doi:10.1001/jamanetworkopen. 2021.1489.

- Paez, A.F., Nicolalde, B., Esquetini-Vernon, C., Lara-Taranchenko, Y., Velez-Arteaga, M., Zambrano, K., Ocampo, J., Fusaro, S., Capa, G., Caicedo, A., 2022. The time to act: early recommendations on patient care for psychiatric disorders in post-acute COVID-19 syndrome (PDPACS); Response to Llach and Ammellaś letter to the editor (Llach and Anmella, 2022). Eur. Neuropsychopharmacol. 60, 89-90. doi:10.1016/j.euroneuro.2022.05.006.
- Rudroff, T., Workman, C.D., Ponto, L.L.B., 2021. 18F-FDG-PET imaging for post-COVID-19 brain and skeletal muscle alterations. Viruses 13. doi:10.3390/v13112283.
- Suzuki, H., Venkataraman, A.V., Bai, W., Guitton, F., Guo, Y., Dehghan, A., Matthews, P.M., Alzheimer's Disease Neuroimaging Initiative, 2019. Associations of regional brain structural differences with aging, modifiable risk factors for dementia, and cognitive performance. JAMA Netw. Open 2, e1917257. doi:10. 1001/jamanetworkopen.2019.17257.
- Toniolo, S., Scarioni, M., Di Lorenzo, F., Hort, J., Georges, J., Tomic, S., Nobili, F., Frederiksen, K.S.Management Group of the EAN Dementia and Cognitive Disorders Scientific Panel, 2021. Dementia and COVID-19, a bidirectional liaison: risk factors, biomarkers, and optimal health care. J. Alzheimers Dis. 82, 883-898. doi:10.3233/JAD-210335.

Kevin Zambrano

Universidad San Francisco de Quito USFQ, Colegio de Ciencias de la Salud COCSA, Escuela de Medicina, Quito, Ecuador

Universidad San Francisco de Quito USFQ, Instituto de Investigaciones en Biomedicina iBioMed, Quito, Ecuador Universidad San Francisco de Quito USFQ, Instituto de Neurociencias, Quito, Ecuador

Mito-Act Research Consortium, Quito, Ecuador School for Mental Health and Neuroscience (MHeNs), Maastricht University, Maastricht, the Netherlands

Andrés Caicedo*

Universidad San Francisco de Quito USFQ, Colegio de Ciencias de la Salud COCSA, Escuela de Medicina, Quito, Ecuador

Sistemas Médicos SIME, Universidad San Francisco de Quito USFQ, Quito, Ecuador

Universidad San Francisco de Quito USFQ, Instituto de Investigaciones en Biomedicina iBioMed, Quito, Ecuador Mito-Act Research Consortium, Quito, Ecuador

E-mail address: acaicedo@usfq.edu.ec

*Correspondence author. ¹Cofirst authors, the authors had equal contributions. © 2022 Elsevier B.V. and ECNP. All rights reserved.

https://doi.org/10.1016/j.euroneuro.2022.06.010

Muriel Vélez¹ Universidad San Francisco de Quito USFQ, Colegio de Ciencias de la Salud COCSA, Escuela de Medicina, Quito, Ecuador

Sistemas Médicos SIME, Universidad San Francisco de Quito USFQ, Quito, Ecuador

Universidad San Francisco de Quito USFQ, Instituto de Investigaciones en Biomedicina iBioMed, Quito, Ecuador

Andrea Falconí Paez¹

Universidad San Francisco de Quito USFQ, Colegio de Ciencias de la Salud COCSA, Escuela de Medicina, Quito, Ecuador

Sistemas Médicos SIME, Universidad San Francisco de Quito USFQ, Quito, Ecuador

Universidad San Francisco de Quito USFQ, Instituto de Investigaciones en Biomedicina iBioMed, Quito, Ecuador Instituto Cardiovascular Falconí, Quito, Ecuador

Bryan Nicolalde

Universidad San Francisco de Quito USFQ, Colegio de Ciencias de la Salud COCSA, Escuela de Medicina, Quito, Ecuador

Sistemas Médicos SIME, Universidad San Francisco de Quito USFQ, Quito, Ecuador

Universidad San Francisco de Quito USFQ, Instituto de Investigaciones en Biomedicina iBioMed, Quito, Ecuador Ministerio de Salud Pública del Ecuador, Ecuador

Camila Esquetini-Vernon, Yana Lara-Taranchenko Universidad San Francisco de Quito USFQ, Colegio de Ciencias de la Salud COCSA, Escuela de Medicina, Quito, Ecuador

Sistemas Médicos SIME, Universidad San Francisco de Quito USFQ, Quito, Ecuador

Universidad San Francisco de Quito USFQ, Instituto de Investigaciones en Biomedicina iBioMed, Quito, Ecuador