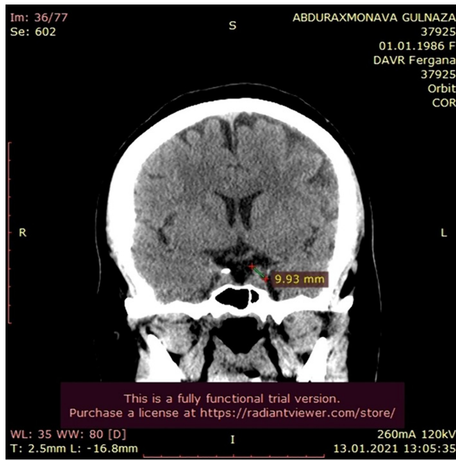
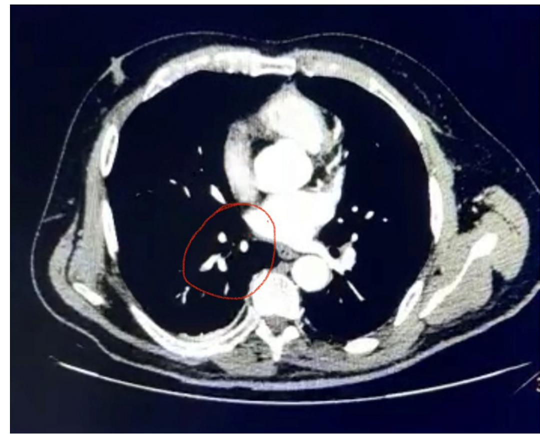
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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.



Conclusions

CT/MRI shows the presence of heterogeneous and asymmetric defects, tributary thrombosis, dura mater sinuses, and cerebral veins , which is important to this condition, deciding on the need for anticoagulation and surgical treatment.

doi:10.1016/j.jns.2021.119923

---

## 119924

### Guillain barre syndrome and subsegmentary pulmonary embolism asociated to SARS-CoV-2 infection: Case report and review of current literature

Andrea Rodriguez Herrera[a], Max Linares[b], Samantha Rivas[b], Indira Contla[b], Diego Cafaggi[b], Mario Rojas[c], Jose Juarez[b], Ana Hernandez Gallegos[d], *[a]La Salle University, Internal Medicine, Ciudad de México, Mexico, [b]La Salle University, Internal Medicine, Mexico City, Mexico, [c]Nuevo Sanatorio Durango, Neurology, Mexico City, Mexico, [d]Nuevo Sanatorio Durango, Internal Medicine, Mexico City, Mexico*

Background and aims

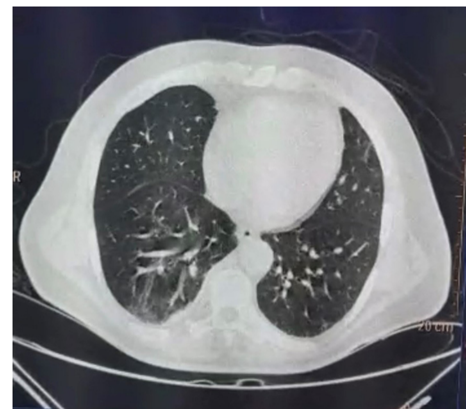
There´s emerging evidence on the association of GBS with SARS-CoV-2 infection. Neurotropism by coronavirus has been documented as well as various neurological manifestations such as encephalitis, stroke, encephalopathy and peripheral nerve disease.

Methods

A 67-year-old male, no comorbidities presents three weeks prior to admission with fever, cough, taste and smell disturbances, myalgias, asthenia, clumsy hand movements and progressive lower limbs weakness. 15 days prior to admission: difficulty swallowing, diaphoresis. At admission: breathing difficulty and palpitations. Glasgow 13 E4 V5 M4, bulbar compromise, bradylalia, diminished gag reflex, sternocleidomastoid and trapezius weakness, MRC scale upper and lower limbs: proximal 3/5 distal 2/5, generalized areflexia, distal diffuse hypoesthesia

Results

Ferritin 519 LDH 236 D Dimer >10,000 Hgb 19 WBC 11590 L 12% N 80% P 241,000 CK 111 CK MB 17. Chest CT: COVID19 pneumonia, CO-RADS 3. Pulmonary angiography: Posterior right lower lobe segmental PE. Scores: PESI 108, Geneva 10. SARS-CoV-2 PCR negative, SARS-CoV-2 IgG/IgM: Positive. Lumbar puncture not performed due to PE. Met Asbury GBS criteria, HUGHES 4, mEGOS 8 at admission, EGRIS 4. Progression of ascending symmetrical bilateral flaccidity with respiratory failure requiring mechanical ventilation for 10 days, tracheostomy and gastrostomy were performed. Discharged at day 60 with muscle strength recovery, upper limbs 4/5 and lower limbs 3/5, Sensitivity recovery, diminished lower limb reflexes. Therapy: Enoxaparin 60mg every 12h, Immunoglobulin 0.4mg/kg/day/5 doses. Discharge HUGHES 3.




Conclusions

GBS is caused by an anomalous response of the immune system to an infectious agent. This particular patient presents with a GBS associated with SARS-CoV-2 infection and PE.

doi:10.1016/j.jns.2021.119924

---

## 119925

### Effect of inactivation mode on second-generation antipsychotic TDM under COVID-19

Yan Zhang, Jing Ding, *Xi'an Mental Health Center, Pharmacy Lab, Xi'an, Shaanxi, China*

Background and aims

To study the effect of heating at 56 °C for 30 min on the monitoring of five second-generation antipsychotics (aripiprazole, quetiapine, risperidone, clozapine and olanzapine).