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neurological emergencies. Impact of COVID-related restrictions on neurological patients, was not significant.

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119903

ADEM post SARS-CoV-2 infection in a paediatric patient with fisher Evans syndrome

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Background and aims

SARS-CoV-2 is a single-strained RNA virus belonging to Corona viridae's family. In paediatric age the majority of patients are asymptomatic, however several neurological manifestations associated with SARS-CoV-2 infection have been detected in a percentage of cases ranging from 17.3% to 36.4%. Acute Disseminated Encephalomyelitis (ADEM) has been recently included among the potential complications of SARS-CoV-2 infection. The available data regarding paediatric patient show only one case.

Methods

Case report: We present a case regarding a six-year-old child suffering from Fisher Evans Syndrome treated with Sirolimus and Thalidomide therapy and affected by SARS-CoV-2 infection.

Results

Case report: We present a case regarding a six-year-old patient suffering from Fisher Evans Syndrome who was given Sirolimus and Thalidomide therapy. After ten days since the first positive nasopharyngeal swab for Sars-CoV-2, in which he had no symptoms, he presented an episode of generalized tonic-clonic seizure with spontaneous resolution. The patient underwent MRI which showed the typical picture of Acute Disseminated Encephalomyelitis. His clinical course was favourable, with a good response to cortisone therapy and a progressive improvement of the neuroradiological and electroencephalographic picture.

Conclusions

According to our knowledge, this is the second case of an Acute Disseminated Encephalomyelitis following SARS-CoV-2 infection in a paediatric patient, characterized by monosymptomatic onset, in which the immunosuppressive therapy practiced for the Fisher Evans Syndrome has probably contributed to a favourable evolution of ADEM, in contrast to other case described in the literature.

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119904

Acute confusional syndrome: Differences between COVID-19 and others comorbid diseases: A Liason psychiatry service research

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Background and aims

Coronavirus Disease 19 (COVID-19) was declared a pandemic by the World Health Organization (WHO) in March 2020. Since the

outbreak, neuropsychiatric presentations such as delirium and confusion have been developing. Our aim is to describe the differences between inpatients cursing with Acute Confusional Syndrome (ACS) with and without COVID-19 pneumonia.

Methods

This is an observational-descriptive study. All patients attended by the liaison psychiatry service of Hospital del Mar, between February and April 2020, with ACS diagnosis were included. The sample was divided in 2 groups (with and without COVID-19 pneumonia). Sociodemographic and clinical variables including sex, age, admission duration, previous somatic or psychiatric history and risk factors associated with ACS were compared. Chi-square and U Mann Whitney tests were used for comparisons.

Results

The total sample was 62 patients. 43.5% were women with a mean age of 71.7 (SD 11.3). COVID pneumonia group mean age was lower (69, SD = 8.4) ($p = 0.033$) COVID pneumonia group included 26 patients. There were significant differences between COVID pneumonia group and ACS in relation to a previous diagnosis of: Ischemic Heart Disease ($p = 0.007$), Heart Failure ($p = 0.029$) and Nephropathy ($p = 0.022$). Risk factors associated with ACS such as cognitive impairment or hypoxemia were compared. There was a higher percentage of Hypoxemia in COVID pneumonia patients ($p < 0.001$).

Conclusions

In this sample, patients with ACS and COVID pneumonia had a bigger rate of hypoxemia and a previous history of Ischemic Heart Disease, Heart Failure and Nephropathy compared to the rest of ACS patients. More studies would be necessary to assess the significance.

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119905

NEUROCOVID: Experience of a Sub-Saharan African country, example of Senegal

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Background and Aims

Initially barely affected by the COVID-19, the African continent suffered a second violent wave this winter. Neurological manifestations worldwide are increasingly reported, dominated by encephalitis, stroke and polyradiculoneuritis. We report the Senegalese experience of NeuroCovid through a series of 9 patients.

