PP102 COVID RENDER ME PARALYZED!

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Introduction

Severe Coronavirus-19 (COVID-19) infection is known to increase risk for venous thromboembolism. Meanwhile, cerebral venous thrombosis (CVT) in an uncommon thromboembolic event with multiple etiologies. Co-occurrence of COVID-19 infection with venous thromboembolism is associated with severe disease severity and death. We present a patient with focal neurological deficit and subsequently tested positive for COVID-19.

Case presentation

A 34-year-old lady with no known comorbidities presented to the emergency department (ED) during the pandemic of COVID-19 with sudden onset of left sided body weakness and slurring of speech. There was no history of close contact with COVID-19, and she denied having respiratory symptoms. Computed tomography (CT) brain reported of superior sagittal sinus thrombosis, in which she was started on anticoagulant agent. PCR nasopharyngeal swab was positive. Subsequently, she developed two episodes of generalized tonic-clonic seizure which was controlled with initiation of Levetiracetam. She was fully recovered after 2 weeks of admission.

Discussion

CVT has been reported in literature as one of the emerging complications of COVID-19 infection, not as an initial presentation of the disease to ED. The intricate link between hemostatic and immune system during the COVID-19 infection are likely to contribute to CVT. Pro-inflammatory state during the COVID-19 may result in immunothrombotic dysregulation leading to excess formation of vascular thrombi.

Conclusion

Thromboembolic incidents are frequently occurred in COVID-19 infection. An understanding of the complex interplay between these conditions is necessary for the need to consider CVT in young patients presenting with focal neurological deficit during the COVID-19 pandemic.

Keywords: COVID-19, sagittal sinus thrombosis, thromboembolism