

Opsoclonus Myoclonus Ataxia Syndrome in the Setting of COVID-19 Infection

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A middle-aged man presented with imbalance and involuntary jerky movements of the body 3 weeks after initial recovery from coronavirus disease 2019 (COVID-19) lung infection, diagnosed by positive high-resolution CT thorax (COVID Reporting and Data System 5) and reverse transcription PCR (RT-PCR) from nasal swab. He had opsoclonus, cortical myoclonus, and symmetric cerebellar ataxia of speech, limbs, trunk, and gait on examination¹ (video 1). His MRI brain with contrast, CSF examination, HIV, Venereal Disease Research Laboratory, autoimmune, and paraneoplastic panel (including anti-GAD, antinuclear antibodies, anti-neutrophil cytoplasmic antibodies, anti-Hu, anti-Yo, anti-Ri, anti-amphiphysin, anti-PNAM2-Ma2/Ta antibodies), metabolic functions (hemogram, hematocrit, glucose, thyroid, renal, hepatic functions, electrolytes, serum and urine osmolality), and repeat nasal COVID-19 RT-PCR were normal. He recovered after treatment consisting of IV methylprednisolone (1 g/d), sodium valproate (20 mg/kg/d), clonazepam (2 mg/d), and levetiracetam (2 g/d) in 1 week (video 2). Our case adds to the increasing list of novel neurologic manifestations occurring in the setting of COVID-19.^{2,3}

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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Name	Location	Contributions
Priyank Bharatkumar Shah, MD, DM	Privya Clinic, Ahmedabad, Gujarat, India	Drafting/revision of the manuscript for content, including medical writing for content; major role in the acquisition of data; study concept or design; analysis or interpretation of data
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