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 S) 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 examination (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-ampiphysin, 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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The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

Appendix Authors

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References
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