A 96-year-old woman was admitted to the emergency department with generalized epileptic seizures and fever followed by left hemiparesis. Two days before admission, she had developed anosmia, dysgeusia, and behavioral dysexecutive syndrome. No respiratory symptoms were present or reported. Whereas nasopharyngeal severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) reverse transcription PCR was negative, chest CT scan showed several lung...
areas of ground-glass opacity and intralobular cross-links, suggestive of SARS-CoV-2 infection. CSF analysis yielded 8 leukocytes/mm$^3$ (75% polymorphonuclear neutrophilic cells) and was negative for SARS-CoV-2 PCR. Brain MRI revealed hyperintensity of the olfactory tracts on T2 fluid-attenuated inversion recovery and diffusion-weighted imaging (figure). Ten days after the admission, SARS-CoV-2 serology returned positive, thus supporting a SARS-CoV-2–related encephalitis.

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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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**Appendix**

**Authors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olivier Casez, MD</td>
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</tbody>
</table>

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**Appendix (continued)**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
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</tbody>
</table>

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**References**

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