Opsoclonus Myoclonus Ataxia Syndrome (OMAS) in the setting of COVID-19 infection

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A middle-aged male presented with imbalance and involuntary jerky movements of the body, 3 weeks after initial recovery from COVID-19 lung infection, diagnosed by positive HRCT thorax [CO-RADS 5] and RT-PCR from nasal swab. He had opsoclonus, cortical myoclonus and symmetric cerebellar ataxia of speech, limbs, trunk and gait on examination\textsuperscript{1} [see video1]. His MRI Brain with contrast, CSF examination, HIV, VDRL, autoimmune and paraneoplastic panel [including Anti-GAD, ANA, ANCA, Anti Hu, Anti Yo, Anti Ri, Anti Amphiphysin, Anti PNAM2-Ma2/Ta antibodies], metabolic functions [hemogram, haematocrit, 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 intravenous methylprednisolone [1gm/day], sodium valproate [20mg/kg/day], clonazepam [2mg/day] and levetiracetam [2gm/day] in a week [see video2]. Our case adds to the increasing list of novel neurologic manifestations occurring in the setting of COVID-19.\textsuperscript{2,3}

**Full Forms:**
COVID 19—Corona Virus Disease 19  
CO-RADS- COVID Reporting and Data System  
HRCT –High resolution Computerized tomography  
RT PCR—Reverse Transcriptase Polymerase chain reaction  
MRI—Magnetic Resonance Imaging  
CSF—Cerebrospinal fluid  
HIV- Human Immunodeficiency Virus  
VDRL- Venereal Disease Research Laboratory

**Appendix 1: Authors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
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<tbody>
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**Video 1-http://links.lww.com/WNL/B243**

**Video 2-http://links.lww.com/WNL/B244**
References:
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