

ACUTE ONSET DIPLOPIA FOLLOWING SARS COV 2 INFECTION

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OBJECTIVE

Neurological complications of COVID-19 are not well described. We report a patient diagnosed with COVID-19 who subsequently developed diplopia with partial ophthalmoparesis soon after initial presentation.

CASE REPORT

A previously healthy 54-year-old man, with no prior history of strabismus was admitted to the emergency department of São Geraldo's Ophthalmological Hospital at Federal University of Minas Gerais on 07/07/2020. He complained of cough, subjective fever and myalgia, which he had developed a week prior to his visit. He had a positive blood test for SARS-CoV-2.

Upon examination, the patient was found to have a partial right oculomotor palsy. Ocular motility testing revealed right eye limitation with both adduction and depression movements. A subtle right eye hypertropia with exotropia was observed in primary gaze, which worsened in right gaze(image). Neither MRI or CT showed any abnormalities(image).

The patient had 20/25 visual acuity in both eyes, pupil function was preserved, confrontational visual field testing was normal and intraocular pressure was measured at 10mmHg bilaterally . He denied pain with eye movements or any other neurologic, symptoms, such as weakness, gait abnormalities, paresthesias, or anosmia.



CONCLUSION

Prior reports of SARS-CoV infections suggest that neurologic symptoms may be due to viral involvement of the central nervous system, since post mortem analysis of infected patients with neurologic symptoms showed viral nucleic acids in the cerebrospinal fluid and brain tissue.¹

¹PUCCIONI-SOHLER, Marzia et al . Current evidence of neurological features, diagnosis, and neuropathogenesis associated with COVID-19. *Rev. Soc. Bras. Med. Trop.*,