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Neurology Publish Ahead of Print DOI:10.1212/WNL.000000000207095

Teaching NeuroImage: Imaging and Pathologic Findings in SARS-CoV-2–Related Acute Demyelinating Encephalomyelitis

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Equal Author Contribution:

Neurology® Published Ahead of Print articles have been peer reviewed and accepted for

publication. This manuscript will be published in its final form after copyediting, page

composition, and review of proofs. Errors that could affect the content may be corrected during

these processes.

Contributions:

Rakhee Lalla: 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

Ramya Narasimhan: Drafting/revision of the manuscript for content, including medical writing for content; Major role in the acquisition of data

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Brian Moore: 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

Anna Cervantes-Arslanian: 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

Figure Count:

2

Table Count:

0

Search Terms:

[44] Acute disseminated encephalomyelitis, [120] MRI, [360] COVID-19, [145] Post-infectious, Pathology

Acknowledgment:

Study Funding: The authors report no targeted funding

Disclosures: The authors report no disclosures relevant to the manuscript.

Preprint DOI:

Received Date: 2022-07-06

Accepted Date: 2023-01-10

Handling Editor Statement:

Submitted and externally peer reviewed. The handling editor was Resident and Fellow Deputy Editor Ariel Lyons-Warren, MD, PhD.

Case:

A 41-year-old woman with type 1 diabetes admitted with SARS-CoV-2 PCR confirmed respiratory failure developed altered mental status. EEG was unrevealing and CSF showed an elevated protein (110 mg/dL), normal glucose (159 mg/dL), without pleocytosis or oligoclonal bands and normal IgG index. MRI demonstrated FLAIR hyperintensities in the corpus callosum and periventricular white matter (**Figure 1**). She was treated with plasmapheresis for presumed SARS-CoV-2 related acute demyelinating encephalomyelitis (ADEM) but succumbed to cardiopulmonary arrest. Post-mortem histology revealed irregular zones of demyelination with axonal sparing and perivascular inflammatory infiltrate, consistent with ADEM (**Figure 2**). There was no inflammation within the vessel walls as is seen in vasculitis. SARS-CoV-2 ADEM has variable clinical presentations. Involvement of deep white matter and the corpus callosum have been previously reported, as well as hemorrhagic leukoencephalopathy, though only minimal microhemorrhage was present for this patient.¹ ADEM can be difficult to diagnose, and outcomes are often poor.²

WNL-2023-000026_slides --- http://links.lww.com/WNL/C651

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Figure 1: MRI brain with contrast:

Diffusion weighted image (A) with Apparent Diffusion Coefficient (ADC) (B) showing confluent areas of restricted diffusion with associated FLAIR hyperintensity (C) involving the corpus callosum and bilateral corona radiata. Microhemorrhages (D) in the corpus callosum. Post contrast images (E) demonstrate heterogeneous enhancement.



Figure 2: Post-mortem histology from the splenium of the corpus callosum.

(A): Areas of pallor representing demyelination (*) on Luxol Fast Blue stain(B): Relative preservation of axons (blue arrows), shown by neurofilament immunohistochemistry

(C): Dense macrophage infiltration as evidenced by CD163 immunohistochemistry

(D): Scattered lymphocytic infiltration as demonstrated by leukocyte common antigen immunohistochemistry





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Rakhee Lalla, Ramya Narasimhan, Mohamad Abdalkader, et al. *Neurology* published online February 16, 2023 DOI 10.1212/WNL.000000000207095

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This information is current as of February 16, 2023

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