

Facial palsy as a neurological complication of SARS-CoV-2

Paralisa facial como complicação neurológica da SARS-CoV-2

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A 26-year-old male patient was admitted with symptoms of cough and fever for three days. Chest computed tomography showed multiple and bilateral ground-glass opacities, predominantly peripheral, some with superimposed intralobular septal thickening (Figure 1). Nasopharyngeal swab for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on real-time reverse-transcription-polymerase-chain reaction (RT-PCR) assay was positive. On the eighth day of illness, he developed right facial weakness consistent with facial nerve palsy. Magnetic resonance

imaging of the brain showed enhancement of the right facial nerve (Figure 2).

Neurological manifestations of coronavirus disease 2019 (COVID-19) have been associated with immune-mediated injuries rather than direct viral neurotropism, occurring in about 36% of patients, including strokes, vasculitis and Guillain-Barré^{1,2,3}. We emphasize that it is paramount to be aware of the possibility of facial paralysis in these patients.

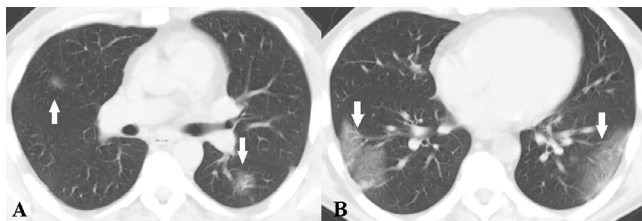


Figure 1. Chest computed tomography showing multiple and bilateral ground-glass opacities, predominantly peripheral (A and B), some with superimposed intralobular septal thickening (B) (white arrows).

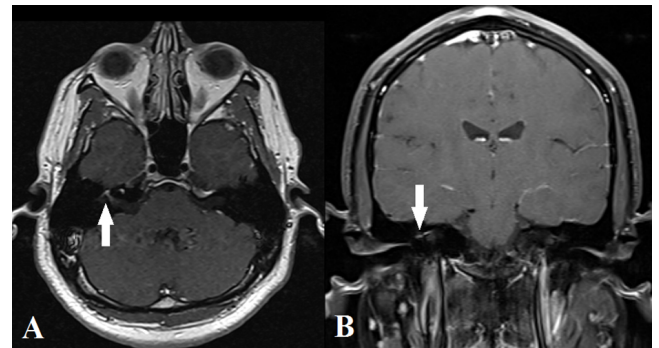


Figure 2. Contrast enhanced magnetic resonance of the skull showing enhancement of the right facial nerve (white arrows), in the axial (A) and coronal (B) planes.

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