

Transient splenic lesion as late complication of COVID-19 infection

Lesão esplênica transitória como complicação tardia da infecção por COVID-19

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Arq. Neuropsiquiatr. 2022;80(9):973–974.

A 33-year-old woman presented with breathing discomfort, cough, and fever. The real-time reverse-transcriptase polymerase-chain-reaction (rRT-PCR) analysis was positive for coronavirus disease 2019 (COVID-19). The computed tomography (CT) scan showed ground glass opacities in lung parenchyma (→ **Figure 1A–C**). The patient was treated with favipiravir. One month after discharge, the magnetic resonance imaging (MRI) scan showed a lesion in the corpus callosum (→ **Figure 2A–B**). The imaging results were compatible with a transient splenic lesion. The patient was completely recovered after 1 month, without any specific treatment. Control MRI showed complete resolution of the lesion (→ **Figure 2C–D**). We thought that the splenic lesion

was caused by the coronavirus infection; COVID-19 infection presenting with transient splenic lesion in an adult patient has been reported in only a few cases.^{1–3}

Authors' Contributions

HO: wrote the initial draft of the manuscript; AK: contributed to interpretation of the data and assisted in the preparation of the manuscript. All authors read and approved the final version of the manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work will be appropriately investigated and resolved.



Figure 1 (A–C) Axial thorax CT during the presentation scans show ground glass opacities (circles) in both lung parenchyma.

received
November 11, 2021
accepted
February 19, 2022

DOI <https://doi.org/10.1055/s-0042-1755213>.
ISSN 0004-282X.

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Thieme Revinter Publicações Ltda., Rua do Matoso 170, Rio de Janeiro, RJ, CEP 20270-135, Brazil

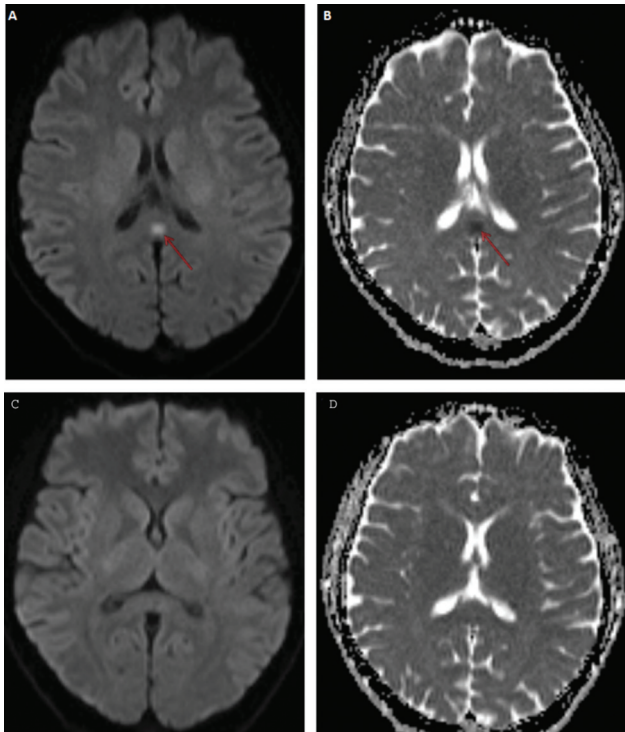


Figure 2 (A and B) One month after successful therapy, diffusion weight imaging (DWI) shows significant diffusion restriction with reduced apparent diffusion coefficient (ADC) in the lesion. (C and D) One month after first MRI scan, DWI and ADC map reveal completely resolution of the lesion.

Conflict of Interest

The authors have no conflict of interests to declare.

References

- 1 Hayashi M, Sahashi Y, Baba Y, Okura H, Shimohata T. COVID-19-associated mild encephalitis/encephalopathy with a reversible splenial lesion. *J Neurol Sci* 2020;415:116941
- 2 El Aoud S, Sorial D, Selmaoui A, et al. A first case of Mild Encephalitis with Reversible Splenial Lesion(MERS) as a presenting feature of SARS-CoV-2. *Rev Neurol (Paris)* 2021;177(1-2):139-141
- 3 Chauffier J, Poey N, Husain M, et al. First Case of Mild Encephalopathy with Reversible Splenial Lesion in SARS-CoV-2 Infection. *Infect Dis Now* 2021;51(01):99-101