Images in clinical medicine

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Acute necrotizing encephalopathy secondary to COVID-19

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A 54-year-old gentleman without significant past medical history presented to our emergency department with complaints of shortness of breath and fever. On arrival he was very disoriented, and unable to communicate well. He was found to be positive for SARS-CoV-2 and had severe pneumonia. On hospital day 8, he abruptly began to decline, initially presenting with elevation in blood pressure, and soon thereafter with severely decreased level of consciousness. This was followed by a cardiac arrest, that was treated, and he had eventual return of spontaneous circulation within 15 minutes. Despite this, the patient never regained consciousness. A head computed tomography revealed multiple foci of low attenuation scattered throughout the brain, most significant in bilateral occipital lobes and in the left cerebellum (**Figure 1**). Based on imaging findings a diagnosis of acute necrotizing encephalopathy secondary to COVID-19 was established and due to the severity of illness and family request, no aggressive interventions were added, and life support was withdrawn.

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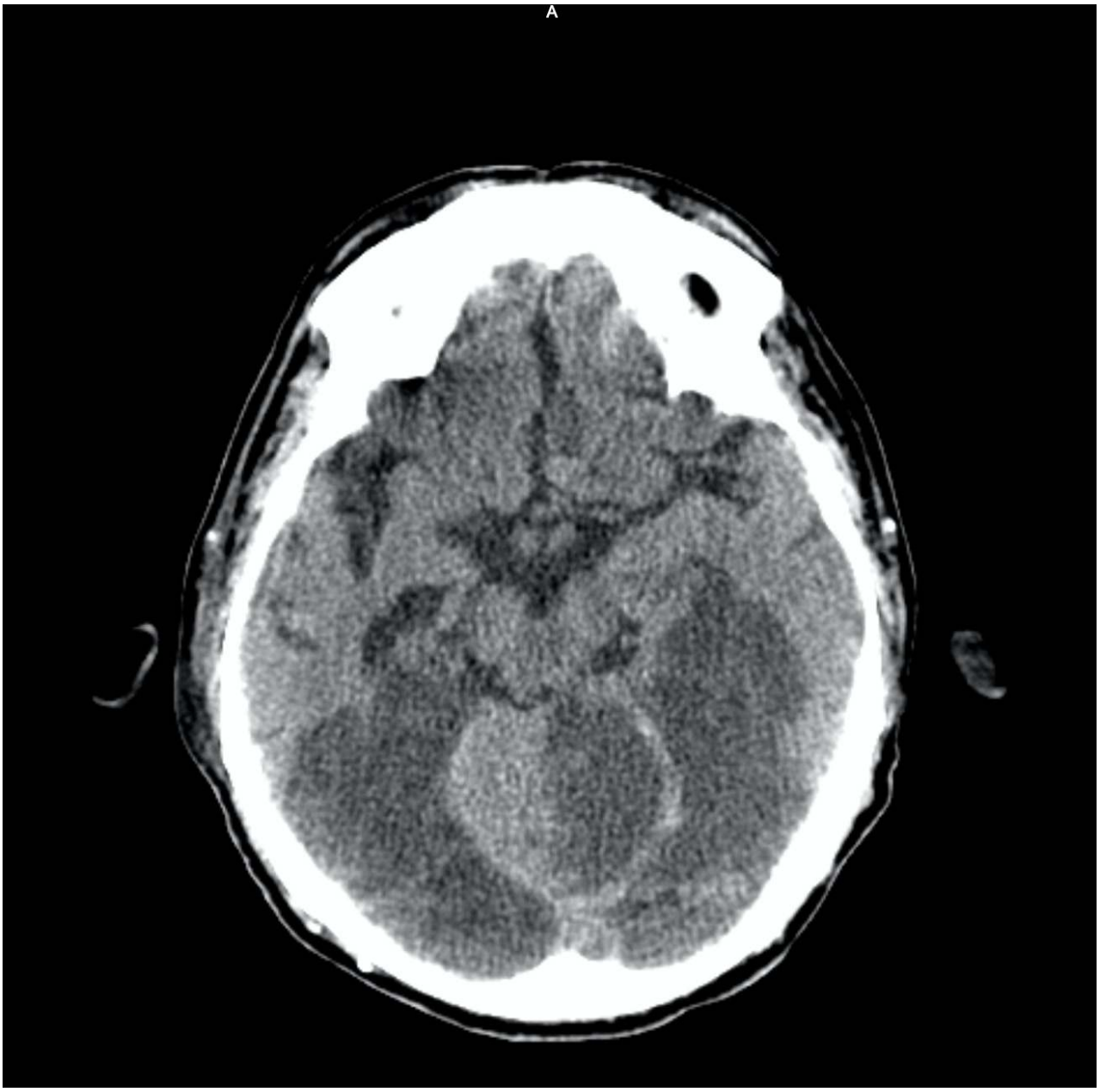
Figure 1. Head computed tomography depicts multiple foci of low attenuation scattered throughout the brain, most significant in bilateral occipital lobes and in the left cerebellum



Disclosure
The authors declare no conflicts of interest in the writing of this manuscript.