Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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contracted COVID-19 during his inpatient stay for treatment of a manic episode.

**Results**

Against expectations and despite multiple risk factors for severe COVID-19, he fully recovered without the need for treatment or respiratory support.

**Conclusions**

We discuss the potential impact of his substantial use of nicotine replacement therapy during his inpatient stay on the eventual outcome of his illness. Nicotine, an α7-nACh receptor agonist, may boost the cholinergic anti-inflammatory pathway and hinder the uncontrolled overproduction of pro-inflammatory cytokines triggered by the SARS-CoV-2 virus, which is understood to be the main pathway to poor outcomes and death in severe COVID-19. While further research is required, evidence of a protective effect of nicotine against complications of COVID-19, although still speculative, would be strong argument for ensuring smokers are routinely provided adequate nicotine replacement on admission to hospital. More importantly, it would be yet another reason to persuade smokers to switch to nicotine replacement therapy, and ultimately quit.

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**119817**

Self-reported olfactory dysfunction in Mexican healthcare workers during the first six months of the COVID-19 pandemic: A nationwide online survey study

Guillermo Delgado-García, Germán Fajardo-Dolci, Mayela Rodríguez-Violante, Teresita Corona, aUniversity of Calgary, Department of Clinical Neurosciences, Calgary, Canada, bUNAM, School of Medicine, Mexico City, Mexico, cNational Institute of Neurology and Neurosurgery, Clinical Laboratory of Neurodegenerative Diseases, Mexico City, Mexico

**Background and aims**

After the first reports of olfactory dysfunction (OD) in the context of COVID-19, a rise of OD was described in different countries. Therefore, the Mexican Academy of Medicine, in conjunction with the National Institute of Neurology and the School of Medicine (UNAM), launched last April a nationwide online survey to describe the frequency and characteristics of self-reported OD in self-identified healthcare workers (HCWs) from Mexico.

**Methods**

This 45-question instrument was based on the one previously reported by Bagheri et al. Non-probability sampling was used. The survey was distributed through official social media and institutional mailing lists. Only HCWs were included in this analysis.

**Results**

Among 2702 responders, 1295 (47.9%) HCWs (784 women) completed the survey (median age 32 years). 126 (9.7%) HCWs reported OD in the last month. Of these HCWs with OD, 76 (60.3%) were previously healthy. Fever and/or chills before or during OD were reported by 43 (34.1%) HCWs. 75 (59.5%) HCWs reported respiratory symptoms before OD. In the last month, 61 (48.4%) HCWs also reported any kind of gustatory dysfunction. 57 (45.2%) HCWs reported having treated patients with COVID-19. Of them, 28 (22.2%) were diagnosed with COVID-19, but only 3 reported having been hospitalized due to COVID-19. In total, 35 of all the HCWs who completed the survey were diagnosed with COVID-19, and 80% reported OD in the last month.

**Conclusions**

In this survey, less than 10% of Mexican HCWs reported OD during the first six months of the COVID-19 pandemic.

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**119818**

Guillain Barré- Miller fisher syndrome relapse during SARS-CoV2 infection - A case report

Giuseppina Barbella, Simone Tonietti, Massimo Suardelli, Fabio Frediani, San Carlo Borromeo Hospital, ASST Santi Paolo e Carlo, Neurology And Stroke Unit, Milano, Italy

**Background and aims**

Miller Fisher Syndrome (MFS) is an uncommon variant of the spectrum of Guillain Barré Syndrome (GBS). MFS relapses are rare and often described after long asymptomatic intervals. GBS-MFS spectrum has been reported in association with SARS-CoV2 infection. We present a SARS-COV2 associated GBS-MFS relapse.

**Methods**

We detail patient’s characteristics and compare with previous reports.

**Results**

A 60-year-old man, diagnosed with GBS-MFS in March 2020, was admitted at Emergency Department in February 2021 with incomplete asymmetric ophthalmoplegia, ataxia, areflexia, four limbs weakness and paraesthesia and mild bifrontal oppressive headache. CSF analysis was unremarkable. Nerve conduction studies on day 7 showed a motor demyelinating polyneuropathy. Serum anti-GQ1b IgG antibodies were negative. Molecular SARS-COV2 test was positive although he was asymptomatic, except for mild fever three days after onset, at the same time with neurological symptoms worsening. Blood tests revealed mild leukopenia and CRP elevation. He was treated with intravenous low dose dexamethasone, subcutaneous enoxaparin for 10 days and with intravenous immunoglobulins for 5 days. Neurological symptoms resolved after 20 days, concurrently nasopharyngeal swab tested negative. Compared to previous reported SARS-COV2 associated GBS-MFS, in our case neurological symptoms came first, with para-infectious rather than post-infectious immune mediated mechanism. Latency of not SARS-COV2 triggered relapses was longer (median 7 years) with usually positive anti-GQ1b IgG antibodies.

**Conclusions**

To the best of our knowledge, this is the first GBS-MFS recurrence description during SARS-COV2 infection. Its underlying immune mechanism seems to differ from SARS-COV2 related monophasic reports, with shorter latency and probably different antibody profile than not-SARS-COV2 linked relapses.

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