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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heart disease, pneumopathy and hypothyroidism. Post-COVID insomnia, pre-COVID heart disease regardless of the groups with a prevalence of 9.9% with a \( p = 0.041 \). Patients with cognitive complaints had a 68.4% prevalence of insomnia \( p = 0.015 \). In patients with anxiety, the prevalence of insomnia was 68% \( p = 0.001 \).

Conclusions

The symptoms found during COVID-19 in our population are similar to those published in the international literature. The patients with the highest prevalence of insomnia were those who had pre-COVID heart disease, anxiety, and cognitive complaints.

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Analysis of delayed admission to hospital in acute stroke patients before and during the pandemic COVID-19 in Bishkek, Kyrgyzstan

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Background and aims

Stroke services worldwide experienced the drop and barriers in admissions of patients to acute stroke departments in COVID-19 pandemic time. We aimed to analyze how lockdown due to the pandemic affected the number of admissions of acute stroke.

Methods

Logistical parameters in 479 medical records of patients with acute stroke, examined by emergency teams of the Emergency Medical Center in Bishkek (EMCB) were analyzed retrospectively in 4 months: December 2019, January 2020 (pre-pandemic months) and July and August 2020 (highest COVID-infection rates) in Bishkek, Kyrgyzstan.

Results

Only 50.1% of cases were recognized as "strokes" by the emergency dispatcher and the correct team was sent to the patient. The mean time from the stroke onset till emergency team arrival was 15.6 ± 15.4 hours and the shortest median time (4.5 h) was in a group with the highest NIHSS score, \( p = 0.01 \). In July 2020 (highest COVID infection rates in Kyrgyzstan) in 27.8% of cases an accepted stroke call was transferred by the dispatcher to the ambulance team within 90 min. 27.7% of stroke patients refused to be hospitalized in the pandemic time and in 8.3% of cases, patients were not hospitalized due to the lack of places in duty hospitals.

Conclusions

Prolongation in aid to stroke patients is caused by low stroke recognition by population, overload of emergency teams and patient’s refusal of the hospitalization. COVID-19 pandemic in Kyrgyzstan though stimulated to train 91 emergency doctors in NIHSS and this scale was implemented in pandemic in prehospital settings.

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Autoimmune limbic encephalitis related to Sars-CoV-2 infection: Case-report and review of the literature

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Background and aims

SARS-CoV-2 infection is associated with a wide spectrum of neurological complications, including encephalitis. Most cases showed features consistent with a central nervous system (CNS) cytokine-mediated damage. However, few cases arguing for an autoimmune mechanism have been described, mainly as single reports or sparse in large case series involving other CNS manifestations. In this paper, we described a case of definite autoimmune limbic encephalitis (LE) COVID-19 related and reviewed the existing literature on other reported cases.

Methods

Two weeks after the onset of COVID-19 infection, a 74-year-old woman presented with subacute confusion and focal motor seizures with impaired awareness, starting from left temporal region. Cerebrospinal fluid analysis revealed hyperproteinorachia. Brain MRI showed bilateral T2/FLAIR hyperintensities in both hippocampi and total body PET/TC scan revealed hypermetabolism in basal ganglia bilaterally. A diagnosis of autoimmune LE was made. Thus, high dose corticosteroids and antiseizure medications were started, with a marked improvement of neurological conditions.

Results

We systematically reviewed the literature to identify all well-documented cases of definite autoimmune LE (according to Graus criteria) in patients with COVID-19 infection, identifying other five cases exhibiting a good response to immunomodulating therapy.

Conclusions

A very limited number of autoimmune LE have been described until now. It is important to monitor neurological symptoms in COVID-19 patients and to consider the possibility of an autoimmune LE, in particular when altered mental status and seizures appear late in the disease course. This allows to promptly start the appropriate treatments and avoid unnecessary delays.

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