

COVID-19 ENCEPHALITIS IN A CIRRHOTIC PATIENT

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A 64-year-old man with hepatic sarcoidosis and cirrhosis presented with confusion as the initial manifestation of COVID-19, ultimately diagnosed with SARS-CoV-2-associated encephalitis after hepatic encephalopathy treatment failed.

KEY POINTS

- The patient had Child Pugh score 8 (Class B) and MELD score 16, with confusion confirmed as COVID-19 by rapid antigen test and chest radiographs showing bilateral patchy interstitial opacities
- Initial treatment for presumed hepatic encephalopathy with Lactulose and Rifaximin showed no improvement despite normal hepatportal flow and absence of spontaneous bacterial peritonitis
- Brain MRI showed hyperintensities in white matter and left insula region without granuloma, toxoplasmosis, venous thrombosis, microhemorrhages, or ischemic lesions
- After neurologic evaluation concluded SARS-CoV-2-associated encephalitis, treatment with intravenous Dexamethasone resulted in full recovery without sequelae
- The authors suggest that neurological manifestations in COVID-19 are not necessarily markers of critical illness and that clinicians should consider COVID-19 as a differential diagnosis in cirrhotic patients presenting with neurological symptoms

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