

Evaluation of neurological complications in patients with covid-19 in Thi-qar – Iraq

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Keywords:

Covid-19, Neurological, Effects, Disease.

ABSTRACT

This paper focus to know lodgment and assessment that effect of the COVID-19 some neurological disorders. (COVID-19), causes a wide range of symptoms outside the respiratory system, although the disease was initially classified as a respiratory disease. Many patients reported many symptoms affecting the cardiovascular system and nervous system; there is increasing evidence that MERS infection can include long-term neuropsychiatric defects, even in its mild or moderate respiratory forms. Data were collected from Al-Hussein Teaching Hospital, Thi-Qar, Iraq, with 200 cases divided into two groups, the male group 150 cases and the female group 50 cases. All effects on the nervous system and the complications generated were measured. A systematic search was conducted based on databases between January 20th, 2019, and April 28th, 2020, By analyzing factors based on the statistical analysis program spss soft 25, results and evidence were found that support the study page, where the value of the risk factor with was extracted prevalence (95%). The percentage was more in females than in men. As for the risk factor for symptoms, the most influential was headache (70-80) In addition to nausea, where the CI (95%) was (84.9-89.5) with a prevalence of 87.2. Metaanalyses were conducted using a comprehensive meta-analysis program, and the effects were studied by relying on the questionnaire results.



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1. INTRODUCTION

Almost all published original studies of COVID-19 cases indicate that, in addition to impaired respiratory function, a third of patients (30% -35%) show signs of damage to the nervous system [1], [2]. When infected with the SARS-CoV-2 virus, patients experience headache, nausea, vomiting, dizziness, myalgia, weakness, fatigue. Nausea and vomiting can result from disorders of both the digestive and nervous systems if these symptoms appear, along with headache and high intracranial pressure [3], [4]. Coronaviruses are important pathogens of humans, and in late 2019, the novel coronavirus was identified as the causative agent of a number of pneumonia cases in the city of Wuhan in the Chinese province of Hubei. The disease spread rapidly, causing an epidemic throughout China and then around the world. In February 2020, the World Health Organization proposed the wording of "COVID-19" - the 2019 coronavirus disease [5], [6]. The World Health Organization declared the COVID-19 pandemic on March 11, 2020 [7], [21- 39]. The virus that causes has

been classified COVID-19 as Severe Acute Respiratory Syndrome 2 (SARS-CoV-2) CO-19 [8]. Although coronaviruses do not usually cause neurological diseases, several reports indicate that the new virus can cause direct or indirect central nervous system (CNS) infections.

According to W.WANG.C, in evaluating neurological complications caused by the coronavirus, encephalopathy that is common in critically ill patients with COVID-19 was described. In one group of 58 people with acute respiratory distress syndrome associated with COVID-19, encephalopathy was present in about two-thirds of patients [9-11].

Etiology and Pathogenesis - Critically ill patients with COVID-19 have the same causes of toxic metabolic encephalopathy as other critically ill patients and hypoxemia, common in severe COVID-19 patients, is likely to play a role in many cases [12], [13].

In the differential diagnosis of encephalitis along with other neurotrophic viruses such as COVID-19, symptoms of encephalitis include fever, headache, seizures, behavioral disturbances, and altered levels of consciousness. Early diagnosis is critical to ensuring survival as those with severe pneumonia and hypoxia [19], [20]. A case of COVID19 was reported to also occur in patients in January 2020... Patient COVID-19 encephalitis in a 56-year-old Wuhan patient diagnosed with was admitted to the intensive care unit with a low level of consciousness, so an examination was performed CT scan of the brain, which did not detect in the cerebrospinal fluid. A case of 2-SARS CoV, no diseases has been described. The diagnosis of encephalitis was confirmed by genetic sequencing of COVID-19 meningoencephalitis of a 24-year-old Japanese man who had symptoms in the nasopharynx but was detected in fluid SARS-CoV-2 RNA with generalized seizures and a deficiency in Awareness [15-17].

Not detected. Analysis of cerebrospinal fluid showed 12 cells/ μ l (10 mononuclear and two cells ... myeloid RT - PCR by polymorphism), and on MRI of the brain, areas of hypertensiveness were observed in the right lateral ventricle and medial temporal lobe. And the hippocampus.

2. Material and method

2.1 Sample patient

Data were collected from Al-Hussein Teaching Hospital, Thi-Qar, Iraq, with 200 patient divided into two groups, the male group 150 cases and the female group 50 cases, All effects on the nervous system and the complications generated were measured.

2.2 Study design

Neurological complications resulting from COVID 19 were identified to patients through the use of eligible study, and some studies related to this topic were reviewed.

All demographic information related to neurological symptoms and complications resulting from the impact of COVID 19 were obtained and included in the final analysis, as the demographic information and data included age and gender, in addition to the presence of symptoms in patients, neurological symptoms, and resulting complications.

2.3 Study period

A systematic search was conducted based on databases between January 20th, 2019, and April 28th, 2020



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2.4 Aim of study

This paper focus to know lodgment and assessment that effect of the COVID-19 some neurological disorders.

3. Results

A questionnaire was conducted on people infected with the Coronavirus to determine the rate of anxiety and depression, as it included 200 patients, as shown in Table 1.

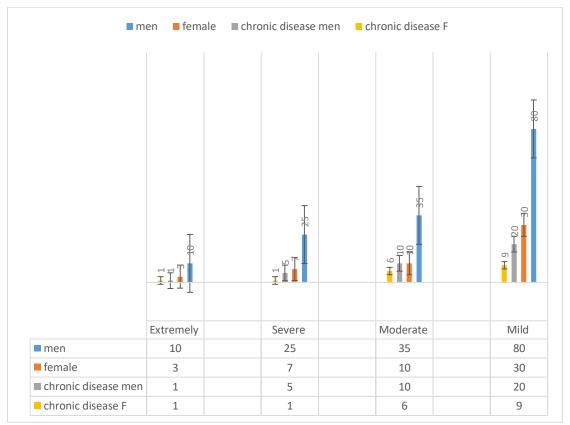


Figure 1- distribution of samples according to gender.

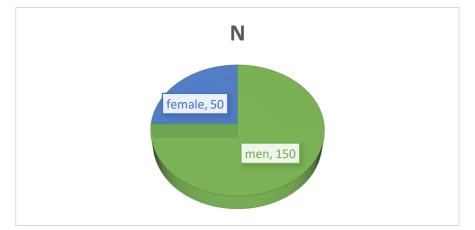


 Table 2- stress factor.

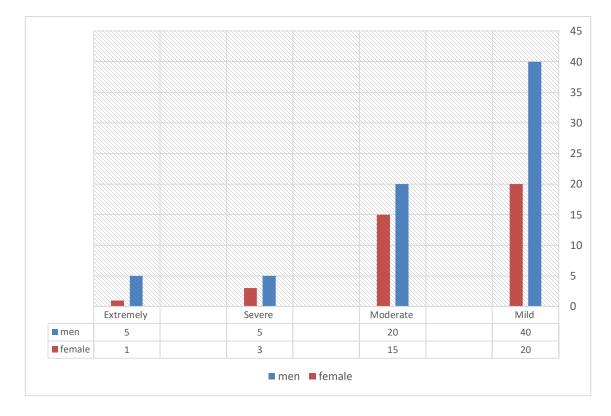


Table 1- characteristics of the patient (Neurological symptoms)

V	P%
headache	80%
Dizziness	40%
muscle pain	30%
Olfactory dysfunction	17%
Nausea	77%
Anorexia	78%
Gustatory dysfunction	66%

Table 2- Complication of patient

33%	necrotizing hemorrhagic
	encephalitis
7%	epilepsy
12%	peripheral nervous system



At the musculoskeletal level	9%
Change in level of consciousness	14%
Hypertension	45%
Strokes	5%
Sense of taste	16%
Sense of taste	10%

Table 3- analysis of result through risk factor Prevalence, % (95% CI)

Р	Prevalence	95% CI
Sex		
Male	35	30-40
Female	55	50-60
Neurological symptoms		
headache	75	70-80
Dizziness	71.05	66.9-75.2
muscle pain	52.25	44.3-60.2
Olfactory dysfunction	63.15	56.1-70.2
Nausea	87.2	84.9-89.5
Anorexia	63.8	59.9-67.7
Gustatory dysfunction	62.15	55.5-68.8

$Table \ 4-risk \ factor \ of \ final \ results$

Р	Prevalence	95% CI
Risk factor (95%) Prevalence		
necrotizing hemorrhagic	27.75	23.6 - 31.9
encephalitis		

epilepsy	15.85	12.2-19.6
peripheral nervous system	15.05	11.3-18.8
At the musculoskeletal level	11.29	7.8-16.3
Change in level of consciousness	14.365	10.33-18.4
Hypertension	19.88	15.67-24.1

Table 5- P-value of results

T	<i>P-value</i> <0.05	Type of association
	1 -value <0.03	Type of association
G		
Male	0.005	Sig
female	0.001	Sig
Neurological symptoms		
headache	0.001	Sig
Dizziness	0.00	Sig
muscle pain	0.0089	Sig
Olfactory dysfunction	0.0034	Sig
Nausea	0.005	Sig
Anorexia	0.00	Sig
Gustatory dysfunction	<0.001	Sig
Compliction		
necrotizing hemorrhagic	0.001	Sig
encephalitis		
epilepsy	0.001	Sig
peripheral nervous system	0.005	Sig
At the musculoskeletal	0.0054	Sig
level		
Change in level of	0.001	Sig
consciousness		
Hypertension	0.00	Sig



4. Recommendation to solve problem

Increasing evidence indicates that the virus may reach the brain and attack nerves directly. If this is indeed the case, we may have to reconsider some of the treatments currently being developed for "Covid-19", and we should also prepare for long-term chronic neurological conditions in some survivors.

5. Discussion

The acute and very severe stress, anxiety, and depression were in the sample collected at Al-Hussein Teaching Hospital, Thi-Qar, Iraq.

This data is striking, considering that the survey was carried out in the initial phase of the COVID-19 outbreak. This may have several explanations. On the one hand, there can be more information about the virus, as it can show that the levels that affected the rate of anxiety and stress and the nervous system in general, as the sample was collected from 200 males and females, included 150 samples of men and 50 samples of percentage. Where a high percentage of the effect of the virus was found, which was the presence of headaches in most patients.

The ages included between 20 to 65 years, and a percentage of patients were found to have chronic diseases. In patients with Covid-19, we see an inflammatory phenomenon in the muscles, which is more pronounced in these patients. We don't know if there is a greater loss of muscle mass, but if there is a clear weakness more pronounced in these patients than in others."

In subjects who were in a prone position (face down) as a way to improve their respiratory capacity upon intubation, pain, and discomfort associated with peripheral nerve entrapment, which patients refer to as a strange sensation spreading to the extremities (similar to a blow to the elbow), have also been described.

A large number of COVID-19 patients have neurological complications such as headache, dizziness, nausea, vomiting, neck muscle tension, impaired smell and taste, and psychological and psychiatric disorders. Although such symptoms may seem insignificant in many cases against the background of an acute respiratory disorder, cases of encephalitis, meningitis, cerebrovascular disorders, depression, and other mental disorders have been identified. The appearance of neurological symptoms is an indicator of a poor prognosis in the course of the disease. Therefore, the prevention of such symptoms as well can be critical for the cure of patients with COVID-19.

From the stages of the disease, symptoms such as headaches, changes in the shape and functions of the brain, or encephalopathy, which would lead to serious diseases, and at lower rates, 16% of them lost the sense of taste and 17% of the sense of smell. All of these symptoms are related to neurotransmitters.

Coronavirus can lead to neurological complications such as delirium, encephalitis, stroke, and nerve damage. The list of neuropathy symptoms in people with the disease includes strokes, brain hemorrhage, and memory loss. It should be noted that it is not uncommon for dangerous diseases to cause such effects. Still, the scale of the spread of the "Covid-19" pandemic means that thousands - or even tens of thousands - of people can already have these symptoms, and some may face problems that persist with it for a long time. Life is a result of infection with the virus.

6. Conclusion

Coronavirus has contributed to several effects, the most important of which are the effects in the central nervous system (specifically in the brain), indicating that it can destroy the brain defense formed by the blood-

brain barrier, protecting the brain from the entry of pathogens through the bloodstream. At first, it was believed that the lungs were the main destination for the emerging coronavirus. Still, later it became clear that what was hidden was worse and that this virus was capable of causing permanent brain damage.

The problem is that the mentioned studies confirm psychological disorders, but they could not determine their nature. Psychiatry is still unable to accurately diagnose it, while cases range from psychosis, for example, to delirium, hallucinations, or compulsive fear states. This indicates that psychiatrists are still at the beginning of the road.

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