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Subclinical Status Epilepticus in the Setting of an Acute COVID-19 Infection

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Subclinical Status Epilepticus in the Setting of an Acute COVID-19 Infection

Background:

While COVID-19 commonly presents as an upper respiratory infection, acute COVID infections has the potential to have multisystem involvement. Neurological symptoms, which have mainly been reported in adults, are rare in children and are not well recognized. Better understanding of the neurological manifestations of COVID-19 in children can lead to earlier detection of COVID-19 and help with medical decision making and treatment.

Objectives/Goal:

To describe an unusual presentation of COVID-19 in a previously healthy female and explore the neurological presentations of COVID-19.

Results:

A 10 year old previously healthy female presented with a 1 day history of altered mental status. Patient reportedly was less responsive in the morning and acting unusual at school such as sitting in the wrong seat in the classroom and needing help putting on her mask. On route to the ED, parents noted some eye fluttering. On exam, she was not oriented to place nor time, and she had several memory lapses including the inability to recall what she had for breakfast and what she did over the weekend. Initial workup included CBC, BMP, LFT, CXR, TSH, Ammonia, UDS, and CT head which were all normal. She tested positive for COVID on admission. Further management included an EEG and she was found to be in subclinical status epilepticus. She was loaded with 0.1 mg of Ativan and 40 mg/kg of Keppra which resolved her seizure and return to her neurological baseline. She discharged home on Keppra and has remained seizure free at her 6 month follow up. Follow up EEG at 6 months was normal for her age.

Conclusions:

Neurological presentations of COVID-19 in children are not well understood, which can cause delays in diagnosis and treatment. Additional research into neurological manifestations of COVID-19 could help with earlier detection and better understanding of potential long term neurological complications.