

## Short note on cranial neuropathy presentations in patients with COVID- 19

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### Abstract

COVID-19 is caused by the coronavirus SARS-CoV-2 that has an affinity for neural tissue. There are reports of encephalitis, encephalopathy, cranial neuropathy, Guillain-Barré syndrome, and myositis/rhabdomyolysis in patients with COVID-19.

**Keywords:** Respiratory, neuro muscular, radiation

### Neuropathy presentations in patients with COVID-19

In this view, we zeroed in on the neuromuscular indications of SARS-CoV-2 disease. We examined all distributed reports on SARS-CoV-2-related fringe nerve, neuromuscular intersection, muscle, and cranial nerve issues. Olfactory and gustatory brokenness is presently acknowledged as an early indication of COVID-19 contamination. Irritation, edema, and axonal harm of olfactory bulb have been appeared in dissection of patients who passed on of COVID-19. Olfactory pathway is recommended as an entryway of passage of SARS-CoV-2 in the cerebrum. Like contribution of olfactory bulb, disconnected oculomotor, trochlear and facial nerve has been depicted. Expanding reports Guillain-Barré disorder optional to COVID-19 are being distributed. In contrast to normal GBS, a large portion of COVID-19-related GBS were old, had associative pneumonia or ARDS, more pervasive demyelinating neuropathy, and moderately helpless result. Myalgia is depicted among the regular side effects of COVID-19 after fever, hack, and sore throat. Term of myalgia might be identified with the seriousness of COVID-19 sickness. Scarcely any patients had muscle shortcoming and raised creatine kinase alongside raised degrees of intense stage reactants. Every one of these patients with myositis/rhabdomyolysis had extreme respiratory difficulties identified with COVID-19. A modest bunch of patients with myasthenia gravis indicated intensification of their infection in the wake of gaining COVID-19 sickness. The vast majority of these patients recuperated with either intravenous immunoglobulins or steroids and result.

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