E-Poster

EP-387

Multiple Asymmetric Axonal Mononeuropathy as a Sequelae of COVID-19: A Case Report

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

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BACKGROUND

The COVID-19 pandemic is no longer in the global context of emergency and life-threatening risk, but it remains relevant due to its sequelae, which continue to reveal themselves gradually several years later. We report a case of COVID-19 sequelae involving multiple mononeuropathy.

CASE DESCRIPTION

A 34-year-old woman who suffered a complication of COVID-19 requiring invasive respiratory assistance for 20 days and a total hospitalization of 1 month. After her discharge from the hospital, during her rehabilitation, she reported chronic progressive neuropathic pain of high intensity in the left leg, followed by asymmetric paresthesia and weakness mainly in the lower limbs and the left foot. On examination, a peripheral neurogenic syndrome was present in both lower limbs. Asymmetry of compound muscle action potentials was observed, with reduced amplitude in the right ulnar and peroneal nerves, and the right peroneal and left tibial and peroneal nerves were unexcitable. Reduced amplitude was noted in the right sural nerve, and the right ulnar and peroneal nerves were unexcitable. The right ulnar and left sural nerves were unexcitable on electromyography (EMG), which revealed fibrillation potentials in the distal extremities of the lower limbs. Multiple asymmetric motor and sensory axonal mononeuropathy was confirmed.

DISCUSSION

Recent publications describe compression of the peripheral nervous system (PNS) due to COVID-19. However, multiple mononeuropathy with axonal involvement related to COVID-19 has been rarely reported previously; it is characterized by pain, involvement of at least two distinct nerve areas, and asymmetric sensory and motor involvement, which differs from inflammatory polyneuropathy.

CONCLUSION

This case demonstrates that peripheral nervous system involvement is not limited to Guillain-Barré syndrome or Miller-Fisher syndrome, and that the diagnosis of multiple mononeuropathy should be considered in patients with mononeuritis multiplex.

Statement of Disclosures

None

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Doi: 10.5606/archisprm.2026.EP-387