

The Effects Of COVID-19 On Neuro Ophthalmic Manifestations

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Abstract:

The coronavirus is also known as beta coronavirus, COVID-19, and was first identified in December 2019 in Wuhan, Hubei province, China. However, it is known as SARS-CoV-2, or severe acute respiratory syndrome Coronavirus 2, since it shares phylogenetically similar traits with SARS-CoV-2, which emerged from the HCoV-2 family of human coronaviruses. It also exhibits resemblance to MERS-CoV-2 (the Middle East Respiratory Syndrome Coronavirus), which was cause of a significant global outbreak in 2011. The same ancient human respiratory system as SARS-CoV-2 and MERS was the target of the terrible COVID-19 pandemic, which the WHO proclaimed a global health emergency in March 2020 and for which there appeared to be no cure.

It caused a tremendous lot of harm recently. Evident enough to not need to be mentioned. Increasing participation by numerous other parties It has been connected to difficulties with neuro-ophthalmic systems. Due to increasing fatalities and disabilities, these consequences became more apparent before being covered up by other life-threatening complications. Neuro-ophthalmology symptoms and indicators can appear on their own or in association with neurological illnesses.

The goal of this paper is to cover numerous neuro-ophthalmic issues experienced by COVID-19 individuals as well as the mechanism causing them. The appropriate PubMed, Google Scholar, Journal of Ophthalmology, Eye and Brain Journal, and other WHO databases were searched using the following search phrases. The papers were manually searched in-depth, and references were provided. In order to obtain accurate information, data and conclusions were also obtained from websites like NCBI and WHO.

Discussion:

Axial MRI revealed enlargement of the left sided optic nerve, while OCT (Optical Coherence Tomography) demonstrated modest swelling around the retinal nerve papilla. Optic neuritis was identified as the cause. One gramme of methylprednisolone was administered intravenously for three days, followed by one week of oral prednisone at a dose of 60 mg. On follow-up, there was noticeable improvement, but the patient's visual acuity and colour vision were not restored [12]. An article by Khalid Swalha and Stephen Adeodokun from November 2020 described a 44-year-old man who had bilateral optic neuritis. Both times, the patient was identified as having optic neuritis, which was associated with COVID positivity, and started on IV corticosteroids right away, hastening the recovery swift and amazing.

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