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Case Report

Isolated Sciatic Neuropathy and COVID-19: A Case Study

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Abstract

In a small percentage of patients who are more severely ill with COVID-19, neurologic manifestations may be present. We present a case of a patient with unilateral right sciatic neuropathy following hospitalization from COVID-19. A 45-year-old female presented to the hospital with complaints of dyspnea and cough that had been present for 1 week. She was admitted the same day for COVID-19 related Pneumonia. Over the following 2 weeks, the patient was intubated. and extubated multiple times. The patient was seen 3 months following the admittance to the hospital for an electrodiagnostic consultation for flaccidity of the right lower extremity distal to the knee. Muscle strength evaluation of the foot and ankle revealed flaccidity of the tibialis anterior, extensor hallucis longus, fibularis longus/brevis, gastrocnemius, and tibialis posterior. The electrodiagnostic assessment was suggestive of a very severe sensorimotor axonopathy affecting the right sciatic nerve noted to be distal to the innervation of the gluteus medius and proximal to the innervation of the short head of the biceps femoris.

This patient was lost to follow up following discharge from the long-term care facility. To further clarify the clinical picture in patients with COVID-19, the identification of uncommon peripheral nerve pathology such as large fiber mononeuropathies should not be overlooked. Though COVID-19 has been reported to be associated with various neurologic manifestations, isolated peripheral mononeuropathy of the sciatic nerve has been rarely described and is more often attributed to trauma, perioperative complications, or prolonged compression

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