

# Bickerstaff encephalitis

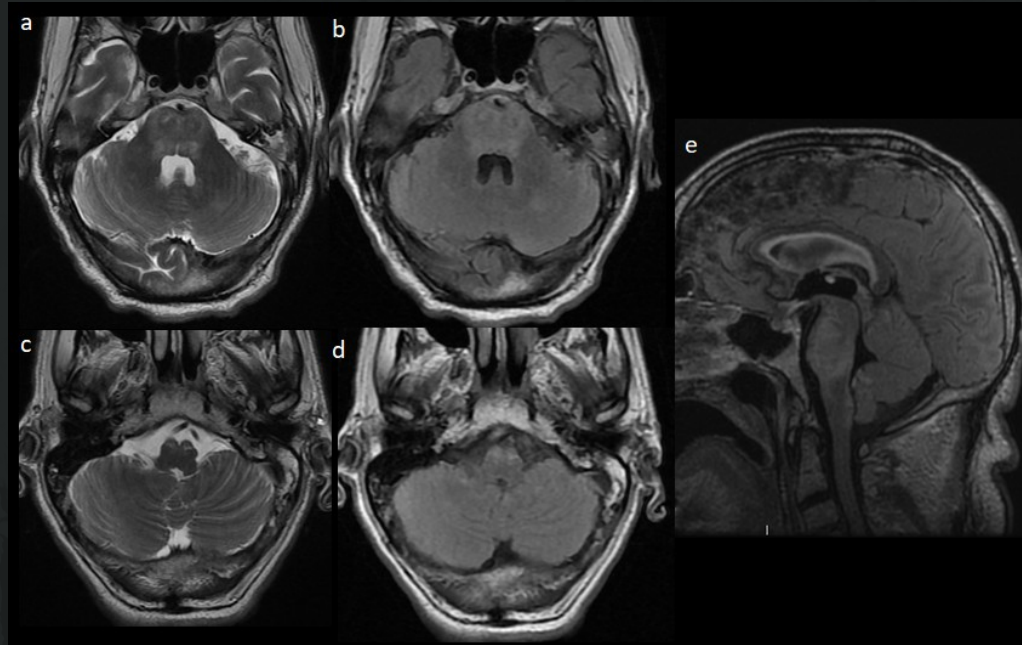


Fig 7. 64-year-old male with subacute loss of consciousness associated with behavioral and language disorder associated with meningeal signs. Bickerstaff encephalitis on axial T2-weight image (a, c), axial Flair (b, d) and sagittal 3D Flair (e) on 1,5T MRI. T2 and Flair pontine hyperintensity affecting the area postrema and cerebellar tonsils. Small T2 and Flair hyperintensity of the interthalamic adhesion and subthalamic area (e).

# Cytotoxic lesions of the corpus callosum (CLOCCs) associated with SARS-CoV-2

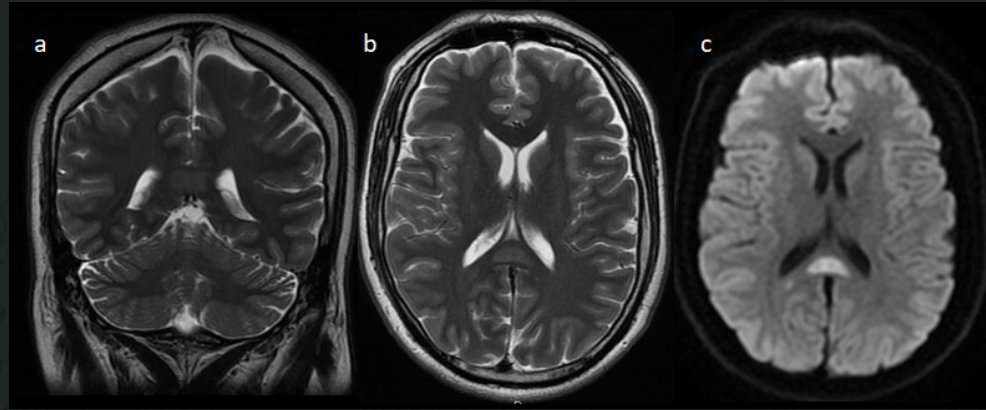


Fig 8. 29-year-old man hospitalized for COVID pneumonia and suspected encephalitis on coronal and axial T2-weight image (a, b) and axial DWI (c) on 1,5T MRI. Diffusion restriction (c) in the splenium of the corpus callosum and T2 hyperintensity (a, b) suggestive of cytotoxic injury compatible with cytotoxic lesions of the corpus callosum (CLOCCs) associated with SARSCoV2 infection.

# Guillain–Barré Syndrome (GBS)



Fig 9. 51-year-old woman with COVID lung disease and rapidly progressive flaccid paralysis. Guillain–Barré Syndrome on sagittal T1 post-contrast (a), axial T2-weight image (b) and axial T1 post-contrast (c) on 1,5T MRI. Diffuse mild thickening and enhancement after intravenous gadolinium administration of the medullary cone and the roots of the conus medullaris, especially the anterior roots.

# Spinal Cord Myelopathy in COVID-19

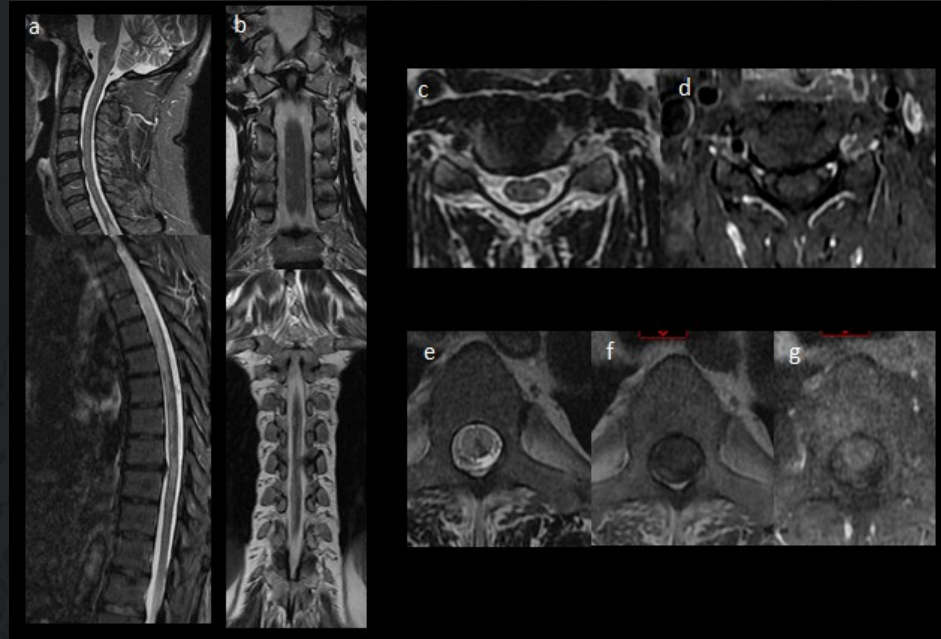


Fig 10. 51 year-old male with COVID-19 pneumonia and paraparesis. Whole spinal cord MRI. Sagittal (a) and coronal (b) T2-weight image, axial T2-weight image (c, e) and T1 pre (f) and post-contrast (d, g) on 1,5T MRI. Multiple high T2 signal lesions that involve mainly the lateral cords of the cervical and dorsal spinal cord with a swollen and confluent appearance from C7 to T7 with irregular enhancement after intravenous gadolinium administration.