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## Letter to the Editor

## Commentary to “Schizophrenia and COVID-19 Delirium”, an update

Dear Editor,

Since the outbreak of Coronavirus Disease 19 (COVID-19), atypical presentations that include neuropsychiatric conditions have been observed in infected patients (Nalleballe et al., 2020; Rogers et al., 2020). Neuropsychiatric symptoms are present in more than half the cases (Romero-Sánchez et al., 2020).

Herein, we would like to provide an update based on the case of Mr. S. (Palomar-Ciria et al., 2020), who was discharged on May 31<sup>st</sup>, although he had not yet fully recovered. Patient's health has been improving slowly, and he was discharged from the hospital on the belief that being at home would help him to get better. A few days later, on June 5<sup>th</sup>, he was taken to the emergency room due to a suicide attempt. He explained he felt awful that day “because of my eyes” and he also said that he wanted to “be reborn”. Mr. S. used the window to descend from the third floor to the first floor, but he lost balance and fell. In the emergency room, fractures and other lesions were ruled out and he was hospitalized in the psychiatric unit again. Antipsychotic treatment was reinforced and an antidepressant was added.

During the first days of hospitalization, the predominant symptoms were disorganized behavior, reiterative or blocked speech, bradyphrenia, disorientation, apraxia, echolalia and bradykinesia without rigidity. He did not express suicidal thoughts and he hardly remembered anything from his suicide attempt. He showed poor response to psychopharmacological treatment, so it was gradually reduced to a very low dose in order to clarify diagnosis. Vital signs were maintained during his stay and fever or other signs of physical disease were not detected.

Mr. S. condition neither improved nor worsened. However, he started to show dysphoric mood without agitation or behavioral disturbance. At this point, we had reasons to suspect a catatonic episode, and we requested anesthesiology assessment to start Electroconvulsive Therapy (ECT).

The first session of ECT took place on On July 21<sup>st</sup>. That very day, he started to be more talkative, prone to approaches and cheerful. He received five more sessions without secondary effects. He was finally discharged on August 7<sup>th</sup>, when he was fully recovered. Presently, he remains free of symptoms, and he can lead an active life.

Catatonia is a rare neuropsychiatric condition that has been rarely associated to COVID-19 (Caan et al., 2020). It is a severe condition that can be treated properly if it is recognized. COVID-19 exhibits potential neurotropic properties and we must reinforce the idea that catatonic signs could be observed, especially in psychiatric patients, who are a population at risk of this new disease. As knowledge on the medical aspects of the infection increases, research on the psychiatric symptoms

of COVID-19 should be warranted.

#### Conflict of Interest

The authors declare no conflict of interest in the elaboration of this work.

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