A healthy 40-year-old man experienced flu-like symptoms for four days and sought hospital care due to presenting progressive paresthesias in the extremities, mild headache, and visual turbidity. He had used only ivermectin and azithromycin. In the neurological examination, the patient presented a decrease in visual acuity in the left eye. The COVID-19 test using the nasal swab reverse transcription-polymerase chain reaction (RT-PCR) technique was positive. There were no metabolic disorders. The symptoms improved within seven days. Magnetic resonance imaging (MRI) demonstrated an ovoid lesion in the splenium of the corpus callosum with fluid-attenuated inversion recovery (FLAIR) hyperintensity, restricted diffusion and no gadolinium enhancement (Figure 1), which disappeared in a follow-up MRI one month later (Figure 2). Transient lesions of the splenium of the corpus callosum can be caused by other viruses1,2, but to our knowledge this is the first report of association with COVID-193,4,5.