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Relapsing Acute Transverse Myelitis in A Young Male

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Introduction

An 18 year old male came to tertiary care hospitals with complain(s) of

1. Weakness of bilateral lower limbs

sudden in onset

Bilaterally equal,

Static

distal more than proximal

Extensor more than flexors

2. Complain of decreased sensation in bilateral lower limbs below umbilicus

Left more than right Associated with tingling and numbness

3. Complain of involuntary passage of urine

Sudden in onset

Not associated with pain or burning micturition or blood in urine Past history of similar episode 1 year ago for which the patient was treated with plasmapheresis and high dose steroids On general examination, he was vitally stable, fairly built and well nourished

On neurological examination, higher mental function, cranial nerves were normal with absent cerebellar signs. sensory and motor and reflex examination of upper limbs was normal.

Abdomen and lower limbs: there was decreased sensation below umbilicus. There was presence of a sensory level at umbilicus. Sensation was also reduced in bilateral lower limbs. Bladder sensation was lost but bowel sensation was intact. There was hypotonia with power of +4 bilaterally in flexors and +3 in extensors. Superficial reflexes were absent below umbilicus. DTR were exaggerated at knee joint bilaterally, ankle clonus was present and plantars were upwards bilaterally.

Keywords: Longitudionally Extensive. Transverse Myelitis (LETMI Neuromyelitis Optica Spectrum Disorder NMOSD, Multiple sclerosis (MS) Myelin Oligodendrocyte Glycoprotein antibody (anti MOG antibody.

Lab Investigations

RBS, CBC, LET, RFT, INR, Lipid profile S B12, S TSH, ESR, all within normal range S.ANA, HIV, HBS Ag, HCV, NMO MOG all negative

CSF routine and microscopic examination normal, CSF ACE level was normal

Unique oligoclonal bands were absent

Fundus, Visual evoked potentials normal.

Radiological examination

MRI brain with orbits normal

MRI spine s/o longitudionally extensive transverse myelitis extending from 06-011 Past MRI dated 1 year back suggestive of similar changes extending from D3 upto conus.

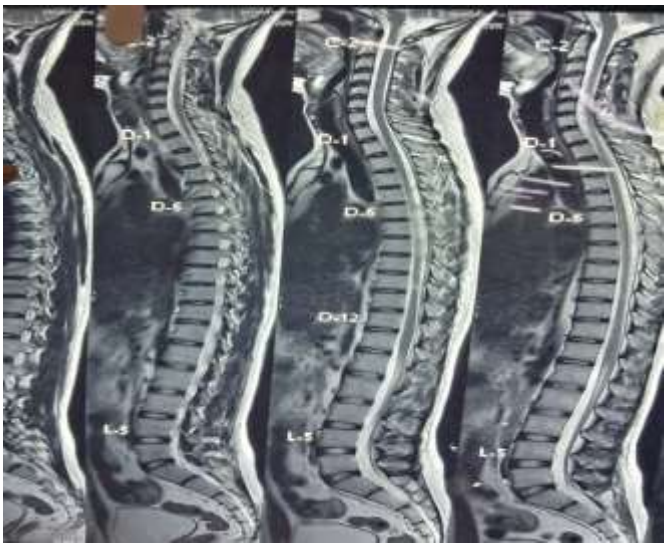

Figure 1

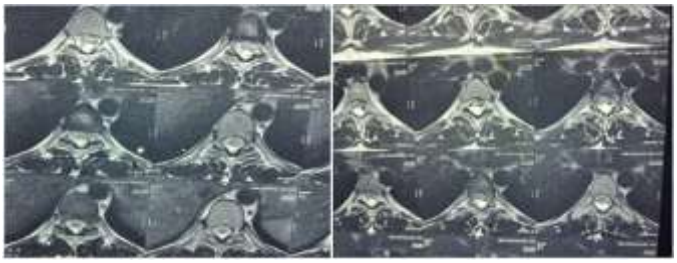

Figure 2

Results

The patient was diagnosed as a case of Relapsing Acute Longitudionally Extensive Transverse Myelitis due to NMO negative Neuromyelitis Optica Spectrum disorder. He was started on high dose steroids plus 7 cycles of plasma exchange therapy. He improved with partial recovery

Conclusion

Transverse myelitis is a demyelinating myelopathy with acute to subacute onset. Patients present with typical spinal cord involvement with a sensory level, characteric pattern of weakness and frequent bowel and bladder involvement. Relapsing Attacks of Acute Long Segment Transverse Myelitis should raise a suspition of relapsing diseases like MS or NMO and patient should be put on chronic immunosuppressant to prevent further relapses and disability.

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