ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 09 | September - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

RELAPSING ACUTE TRANSVERSE MYELITIS IN A YOUNG MALE-A CASE REPORT

Neurology

Dr Ishana Gaur Junior Resident, Department of General Medicine, Civil Hospital, Ahmedabad

KEYWORDS

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

BACKGROUND

Transverse Myelitis is a clinical syndrome of demyeliniting myelopathy, Which may be acute tosub acute in onset.It can be idiopathic or disease associated.The presence of longitudionally Extensive Transverse Myelitis with typical radiological features should prompt the suspition of relapsing diseases like Neuromyelitis Optica and and Multiple Sclerosis

Aims/Objective

1. To study nature and course Relapsing Acute Transverse Myelitis
2. To study the effects of immunosuppression on relapsing Acute Transverse Myelitis

Methods

An 18 year old male presenting to tertiary care hospital for complains suggestive of transverse myelitis was subjected to following tests.

Detailed history and clinical examination with focus on neurological examination
Lab tests: CBC, LFT RFT, RBS PT, INR, ESR, TSH, VIT B12 levels serum, ANA, Serum NMO, MOG, HIV, HBSAG HCV

Urine rputine and microscopy
Cerebrospinal fluid analysis including routine and microscopy
CSF for unique oligoclonal bands, csf ACE levels
Radiological examination
Fresh MRI dorso lumbar spine
MRI Whole spine dated one year back
MRI brain Plus Orbits- plain and contrast study
Fundus examination
Visual Evoked Potentials(VEP)

Case Discussion

Relapse of ATM in a young male- A case report
An 18 year old male came to tertiary care hospitals with complain(s) of Weakness of bilateral lower limbs Sudden in onset Bilaterally equal Static. Distal more than proximal, Extensor more than flexors

Complain of decreased sensation in bilateral lower limbs below umbilicus
Left more than right
Associated with tingling and numbness
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 functions,cranial nerves normal

Cerebellar signs absent
Neurological examination of upper limbs was normal
Sensory examination
Decreased sensation below umbilicus
Bilateral lower limbs
Tone slightly decreased
Power flexors +4
Extensors +3
Superficial reflexes
Abdominal reflex absent below umbilicus
Reflexes exagerrated +3 in bilateral knee joint
Bilateral ankle clonus present
Bladder sensation lost
Bowel sensation intact

Lab investigations
RBS,CBC,LFT ,RFT,INR,Lipid profile S B12,S TSH,ESR,all within normal range
S.ANA ,HIV,HBsAg,HCV,NMO MOG all negative
CSF routine and microscopic examination normal
CSF ACE levels normal
Unique oligoclonal bands absent
Lab investigations
RBS,CBC,LFT ,RFT,INR,Lipid profile S B12,S TSH,ESR,all within normal range
S.ANA ,HIV,HBsAg,HCV,NMO MOG all negative
CSF routine and microscopic examination normal
CSF ACE levels normal
Unique oligoclonal bands absent
Radiological examination
MRI brain with orbits normal
MRI spine s/o longitudionally extensive transverse myelitis extending from D6-D11
Past MRI dated 1 year back suggestive of similar changes extending from D3 upto conus.

Fundus n Visual evoked potentials normal

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 and patient should be put on chronic immunosuppresants to prevent further relapses and disability.

REFERENCES

1. Merritt's Neurology,fourteenth edition
2. Lennon V A, Wingerchuk DM, Kryzer TJ, et al. A serum autoantibody marker of neuromyelitis optica: distinction from multiple sclerosis. Lancet. 2004;364 (9451):2106-2112.
3. Mariano R, Flanagan EP, Weinshenker BG, Palace J. A practical approach to the diagnosis of spinal cord lesions. Pract Neurol. 2018;18(3):187-200
4. Sechi E, Shosha E, Williams JP, et al. Aquaporin-4 and MOG autoantibody discovery in idiopathic transverse myelitis epidemiology. Neurology.2019;93(4):e414-e420.
5. Young J, Quinn S, Hurrell M, Taylor B. Clinically isolated acute transverse myelitis: prognostic features and incidence. Mult Scler. 2009;15(11):1295-1302.
6. Zalewski NL, Flanagan EP, Keegan BM. Evaluation of idiopathic transverse myelitis revealing specific myelopathy diagnoses. Neurology.2018;90(2):e96-e102.