

Transversal myelitis

Signs & Symptoms

Acute or subacute neurological signs/symptoms of motor/sensory/autonomic origin; most have sensory level; often bilateral symptoms



Evaluation

- Always MRI to exclude compression
- Lumbar puncture after brain imaging; analysis of CSF for
 - *white blood cell analysis (ideally including flowcytometry analysis)*
 - *proteinorrachy*
 - *glucose level*
 - *presence for neoplastic cells*
 - *infectious workup (incl. viral and bacterial analysis in CSF and blood according to local practice (incl. viral and bacterial analysis in CSF and blood: eg varicella, hepatitis E, HSV1, HSV2, VZV, EBV, syphilis, HIV, CMV...))*
 - *lactate*
- Autoimmune serology: anti-MOG, anti-aquaporin-4 IgG, ANF
- Copper levels in the blood
- TSH, B12



Management

- IV 500mg-1gr methylprednisolone during 3-5 days followed by oral steroid tapering
- Plasmapheresis might be indicated if no response to corticoid therapy upon 1 week of treatment
- ICU admission should be considered if autonomic instability
- Neurological consult

Abbreviations

ANF:	Anti nuclear factor
Anti-MOG Ab:	Antibody
CMV:	Cytomegalovirus
CSF:	Cerebrospinal fluid
EBV:	Epstein-Barr virus
EEG:	Electro encephalogram
HSV:	Herpes Zoster virus
ICPi:	Immune checkpoint blockade inhibition
ICU:	Intensive care unit
HIV:	Human immunodeficiency virus
MRI:	Magnetic resonance imaging
PCR:	Polymerase chain reaction
VZV:	Varicella Zoster virus