A practical approach to acute flaccid paraplegia: a case series

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Introduction: Acute flaccid paraplegia is a clinical occurrence of extreme importance, due to the dramatic presentation, the severity of the underlying disorder, and the generally poor prognosis that follows such a condition. Materials and methods: During 2014, we dealt with eleven cases of acute non-traumatic paraplegia, in our neurological facility. A thorough electrophysiological, serological and imaging study has been performed in all cases. An ad hoc therapy was implemented as well, within the best standard of care as of actual. The majority (8/11) were warranted a diagnosis of polyradiculoneuritis. Discussion: Among etiological factors, the traumatic events are of particular interest, with the treating clinical dealing with a severely ill patient, following fall from height, motor vehicle collisions, and direct shocks applied over the vertebral column. The non-traumatic list is more numerous; however the severity of the acute paraplegia is not necessarily of a lesser degree. Viral infections, autoimmune disorders, and ischemic events involving feeding spinal arteries have been imputed. Chemical and medications injected intrathecally during procedures or accidentally can produce acute flaccid paraplegia. In spite of the poor prognosis, different therapeutic options have been proposed and applied. Conclusions: Surgery interventions are often necessary when trauma is present, with high dose glucocorticoids treatment preceding the intervention, aiming to decrease edema-related compression over the spinal cord. Immunoglobulins and plasmapheresis are logical and helpful options when a polyradiculoneuritis produces such a clinical picture. With the casuistics suggesting that even intra or extra axial tumors invading the spinal canal are able to imitate this event, the role of decompression seems by far of a particular significance.