

Polycythemia vera a potential cause of spinal cord infarction: a case report

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Introduction: Polycythaemia vera (PV) is a myeloproliferative disorder that results in an excess of RBC in the bloodstream, and thus increased blood viscosity and platelet activation, leading to an increased risk for vase-occlusive events. Spinal cord ischemia is a very rare complication, considering the large anastomotic net of spinal cord blood vessels. Case report: A 62-year-old woman presented in the emergency room with complaints of proximal muscle weakness of the lower extremities with subacute onset, 4 weeks following a benign gastrointestinal illness. The deep tendon reflexes were absent and there was a level of sensibility T12, with urinary retention. A thoraco-lumbar MRI study performed in the first day of hospitalization was unremarkable. Blood work showed a high RBC and Hemoglobin levels. All the other blood lab tests and cerebrospinal fluid analysis, total body CT scan, were unremarkable. In the 6-th day of hospitalization the situation was complicated with DVT of the right leg. Two days after, the motor deficits worsened and the patient became paraplegic. A repeated thoracolumbar MRI study revealed spinal cord the presence of acute infarction in T12-L4 levels. The bone marrow biopsy and myelogram, confirmed the presence mutations in JAK2V617F blood test analysis, compatible with PV diagnosis. Conclusion: Although this is a rare hematological disorder, PV should be considered when dealing with acute myelopathies or classical spinal cord syndromes. Physicians should be more alert on this possible disorder, which can be easily identified by a simple blood test analysis.