

Transverse myelitis as a first symptom of lupus erythematosus

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Background and aims: Lupus Erythematosus (SLE) represents the prototype of autoimmune diseases, and can lead to neurological manifestations. Transverse myelitis is a rare (1-2%) and severe complication of SLE and it usually appears in the later stages of this disease. Our patient presented transverse myelitis as a first symptom. Case description: Our patient is a 29 year old female who, since childhood, presented photosensitivity. She was hospitalized for interstitial pneumonia and left pleural effusion. Soon after that, her left leg became warm, erythematous, edematous and painful. Two weeks later, she was paraplegic, with sensory impairment and urinary incontinence. On admittance in our neurological department she presented: paraplegia, lower limb reflexes were absent, superficial sensory impairment with T8-T9 level, urinary incontinence. Biological tests showed: mild anemia, thrombocytopenia, inflammatory syndrome, nephritic syndrome, ANA and ANDdc antibodies were positive, C3 was low and the lupic anticoagulant factor was positive. Doppler echography presented ileofemoral thrombosis. A medullar MRI showed multiple hyperintense areas in T2 –weighted sequences in the whole cervical and thoracic segment. We tested for infections (viral, bacterial and parasitic), tumors, other autoimmune diseases, EMG and cerebral MRI were performed and everything was within normal parameters. At this moment, we established the SLE diagnosis with secondary SAFL, and cortisone therapy was initiated. The patient mildly recovered: the sensory impairment and urinary incontinence were remitted and the motor deficit was ameliorated. Conclusion: In conclusion, we cannot disregard SLE when confronted with a transverse myelitis just because this is a rare manifestation of the disease.