

A retrospective two-year analysis of the diagnosis of paraplegia made in the emergency room

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Introduction: The presenting of paraplegia in the emergency room is an occurrence of extreme severity. However, a consistent number of cases although treated as peripheral nervous system injuries, have another background diagnosis. Such a diagnosis might be difficult to clarify in the emergency conditions; however the medical first responders should bear in mind the diagnostic diversity. **Methods:** We have controlled the admission files on the ER of "Mother Teresa" UHC of Tirana for 2015 and 2016 with the diagnosis 'paraplegia'. Notes were made on the gender and age profile of the patients, with a special focus on the final (discharge) diagnosis. **Results:** 88 cases (47 males) were registered during the year 2015 and 77 cases (38 males) during 2016 with admission diagnosis 'paraplegia'. The gender profile was clearly in equilibrium; with the month of May registering the largest number of cases presenting with paraplegia for both consecutive years. A minority of cases (total 28/165) had a diagnosis of Guillain-Barre syndrome or myelitis. 41 cases represented a tumoral condition, with the majority of those having the characteristic of metastatic processes. Few cases were diagnosed during hospitalization and treated duly as stroke-like occurrences. **Conclusion:** In spite of the fact that paraplegia needs a careful diagnostic workup of the peripheral nervous system, remote causes should be hold in mind and included in the differential diagnoses. Several imaging and electrophysiological methods are available for ensuring a high accuracy, that cannot however be warranted always and simply in ER.