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Longitudinal Extensive Transverse Myelitis related Systemic Lupus Erythematosus in a Male Patient

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Introduction

Transverse myelitis (TM) is a rare complication occurring in 1–2% of patients with systemic lupus erythematosus (SLE) that affects the spinal cord and leads to neurological deficits. TM associated SLE occurs more commonly in women than men. This case report presents the symptoms, characteristics, and prognosis of longitudinal extensive transverse myelitis (LETM) related SLE in a young male.

Case Presentation

A 19-year-old man with SLE for 6 years was admitted with a diagnosis of TM. He complained of no urine output, paralysis on both lower extremities, and sensory impairment. He had a history of voluntarily discontinuing hydroxychloroquine sulfate due to vomiting and diarrhea one month before admission. Laboratory studies revealed pancytopenia. ANA screening and titration, anti-Smith antibody and anti-dsDNA IgG were positive. The anti-aquaporin IgG antibody and myelin oligodendrocyte glycoprotein (MOG) antibody tests performed for differential diagnosis were negative. A lumbar puncture revealed increased protein and IgG in the cerebrospinal fluid. On the Medical Research Council (MRC) scale for grading muscle strength in his lower extremities, he scored 0/0 in all lower extremity muscles. Spine magnetic resonance imaging showed LETM. He underwent steroid pulse therapy and plasmapheresis, but no neurological improvement was shown. However, sitting balance, transfer ability, and wheelchair-based activities improved after rehabilitation treatment.

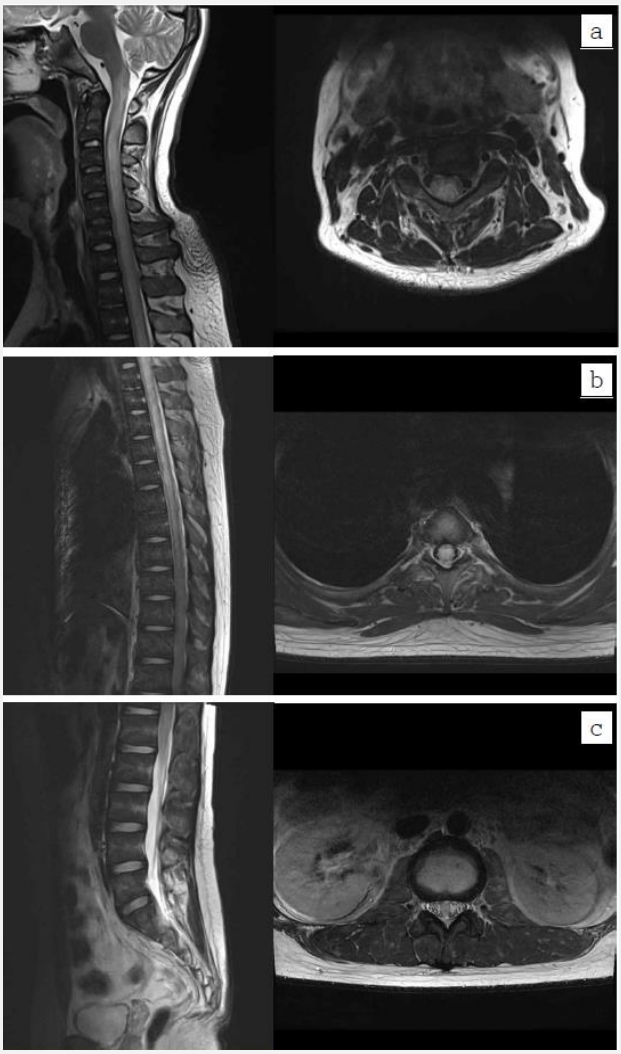

Fig. 1. Sagittal and axial images of the patient's spine magnetic resonance imaging shows T2 high signal intensity and marked swelling of entire cord .

Conclusion

LETM is a severe and rare neuropsychiatric manifestation of SLE. This case highlights the importance of carefully monitoring myelitis in a male with SLE and the need to promptly recognize and treat neurological complications.