Figure. (A) Sagittal T2-weighted MRI scan of spine shows cord enlargement from C4/5 to T9/10 with high signal change within the cord. There was patchy enhancement noted following contrast administration in the midthoracic region. (B) Sagittal fluid-attenuated inversion recovery brain MRI showing numerous foci of increased signal intensity within the corpus callosum and pericallosal white matter.

Acute transverse myelitis in SLE

Arun V. Krishnan, MBBS, Gabor Michael Halmagyi, MD, Sydney, Australia

A 21-year-old woman with a 5-year history of systemic lupus erythematosus (SLE) presented with a 4-hour paraparesis. Examination revealed absent knee and ankle reflexes, extensor plantar responses, and a T4 sensory level. MRI showed cord swelling and high T2 signal from C4/5 to T9/10 (figure, A) and within the

Address correspondence and reprint requests to Prof. G.M. Halmagyi, Department of Neurology, Royal Prince Alfred Hospital, Sydney, NSW 2050, Australia; e-mail: Michael@icn.usyd.edu.au

corpus callosum and pericallosal white matter (figure, B). CSF oligoclonal bands were absent and visual evoked responses were normal. Brain MRI findings in neuropsychiatric lupus can mimic multiple sclerosis.¹ However, in acute transverse myelitis with lupus there is longitudinal cord involvement, whereas in multiple sclerosis it is often limited to only a few levels.² This patient recovered with IV cyclophosphamide and methylprednisone but soon relapsed.

1. Mok CC, Lau CS, Chan EY, Wong RW. Acute transverse myelopathy in systemic-lupus erythematosus: clinical presentation, treatment and outcome. *J Rheumatol* 1998;25:467–473.
2. de Seze J, Stojkovic T, Breteau G, et al. Acute myelopathies: clinical, laboratory and outcome profiles in 79 cases. *Brain* 2001;124:1509–1521.

Neurology[®]

Acute transverse myelitis in SLE

Arun V. Krishnan and Gabor Michael Halmagyi

Neurology 2004;62;2087

DOI 10.1212/01.WNL.0000123089.25458.90

This information is current as of June 7, 2004

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/62/11/2087.full>

References

This article cites 2 articles, 0 of which you can access for free at:
<http://n.neurology.org/content/62/11/2087.full#ref-list-1>

Citations

This article has been cited by 3 HighWire-hosted articles:
<http://n.neurology.org/content/62/11/2087.full##otherarticles>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):

All Spinal Cord

http://n.neurology.org/cgi/collection/all_spinal_cord

Autoimmune diseases

http://n.neurology.org/cgi/collection/autoimmune_diseases

Lupus

<http://n.neurology.org/cgi/collection/lupus>

MRI

<http://n.neurology.org/cgi/collection/mri>

Transverse myelitis

http://n.neurology.org/cgi/collection/transverse_myelitis

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:

http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:

<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.