Acute transverse myelitis in SLE

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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 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. 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. This patient recovered with IV cyclophosphamide and methylprednisolone but soon relapsed.

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