

Objective

Describe the clinical course and treatment of a patient with paraplegia secondary to transverse myelitis during her pregnancy

Setting

Acute Inpatient Rehabilitation Unit, University Hospital

Participant

36 year old Caucasian woman at 18 weeks gestation

Interventions

Provided education and training on basic childcare tasks at a wheelchair level, and on how to obtain wheelchair accessible baby furniture. Provided availability of a peer who sustained a spinal cord injury prior to pregnancy. Maintained a close working relationship with maternal fetal health department regarding management of nausea and pain management, and educated team members about the possibility of autonomic dysfunction. Physical and occupational therapies geared toward spinal cord patients in addition to psychological counseling to address to anxiety related to evolving neurological status in setting of her first pregnancy.

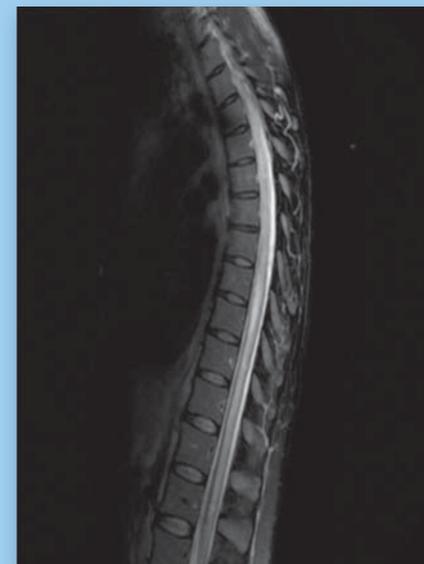
Results

- Functional Index Measure (FIM) scores improved from 51 on admission to 90 at discharge.
- Pain was controlled with a fentanyl patch and oral dilaudid for breakthrough pain after failing multiple other oral opioids and neurontin.
- Nausea determined to be caused by oral opioids rather than the pregnancy and resolved after initiation of the fentanyl patch.
- Patient demonstrated ability to perform basic childcare tasks at a wheelchair level with supervision prior to discharge home.
- She had an uncomplicated vaginal delivery, however the infant did require a few days in the NICU for opioid withdrawal.
- On outpatient follow up visit, 8 weeks after discharge, patient was ambulating independently with a rolling walker.

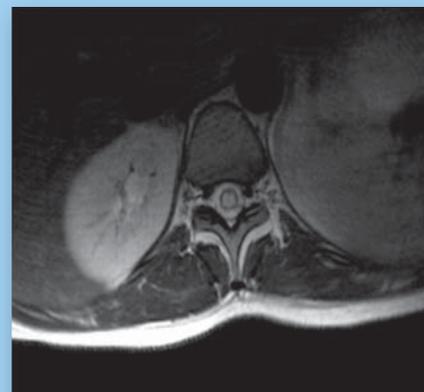
PATIENT IMAGING



SAGITAL T2



SAGITAL T2



AXIAL T2

T2 weighted MRI:

Diffuse abnormal T2 hyperintense intrinsic signal is seen centrally within the spinal gray matter from the cervicomedullary junction inferiorly to the conus with relative sparing of the white matter.

Background

A search of the literature using electronic databases such as PubMed and Ovid revealed no previously reported cases of transverse myelitis during pregnancy in women with no known history of SLE or prior episode of transverse myelitis.

Discussion

Patient initially presented to OB/GYN at 18 weeks gestation complaining of abdominal paresthesias and progressive lower extremity weakness. Neurology was consulted and MRI of brain and spine were obtained. MRI of brain was normal. MRI of spine consistent with transverse myelitis. Extensive diagnostic work up unable to elucidate underlying etiology. Patient treated with course of IV steroids and IVIG. Transferred to rehabilitation unit 10 days after hospital admission. On rehabilitation admission, physical exam revealed absence of DTRs and pinprick sensation and in the lower limbs; allodynia in the legs; and trace strength in all muscles tested in the lower limbs. Abdominal paresthesias had resolved since admission. Rehabilitation stay was complicated by pain, nausea, and anxiety over ability to care for her child. Patient discharged home at wheelchair level after 6 weeks of acute inpatient rehabilitation.

Background

Transverse myelitis in pregnancy presents unique problems for the treating physiatrist to manage including pain, nausea, and psychological distress and patient education in parenting skills at wheelchair level.

References

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6. www.ninds.nih.gov/disorders/transversemyelit