LETM- one disease and variable etiologies and outcomes

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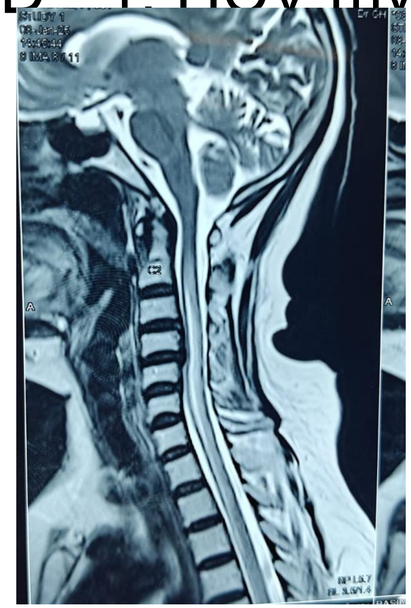
- Introduction - LETM -spinal cord lesion extending over 3 or more vertebrae as seen on MRI of spine. Clinical presentation may consist of paraparesis or quadriparesis, sensory disturbances , gait disturbances bowel and bladder dysfunction. It can have variable etiologies. Most commonly NMOSD but it is important to exclude other etiologies. The aim of current series is to study clinico -radiological profile and etiology and prognosis of LETM.

- Methods- This is a case series of LETM in a tertiary care hospital . current study includes 15 patients with paraparesis/ quadriparesis with MRI spine showing LETM and analysed for clinical features , routine blood tests , MRI findings , serum MOG and AQP 4 antibodies . All patients were followed up for 1 year for prognosis.

- Results –A total of 15 patients were included in this case series and mean age - 40 years , female : male preponderance -8:7 , thoracic spinal cord segments were most affected . Tendency to involve 3-5 segments is more common . 7 patients had more than 5 segments involved and 4 patients had conus involvement. 2 patients of NMOSD had relapsing course with recurrent myelitis . Other 13 cases had a monophasic illness . Visual impairment with optic neuritis is present in all 3 cases with NMOSD.Among the etiologies -
  Vascular infarct -1 ,TB myelitis -3 , neuromelioid -2 , NMOSD -3 , MOGAD -1 , SACD - 1, HCV myelitis - 1 , idiopathic -2 , SLE -1 .



- Discussion – The identification and proper evaluation of the etiology is of crucial importance as some causes like NMOSD can have poor prognosis. Most of the patients in this study are in the age group of 20-40 years . Conus involvement was seen in patients with SLE , HCV , MOGAD , Neuromelioid related LETM.Prognosis of LETM is poor in NMOSD patients especially with AQP4 positive. Poor recovery seen in TB Myelitis and vascular infarct. Good prognosis is seen in neuromelioid related LETM , SACD , Mog related LETM.PLEX was done in 2 patients and others were treated with IVIG , MPS Pulse therapy , ATT based on underlying cause

- Conclusion - Although LETM is classically associated with NMOSD , it can have various other etiologies . Identifying the etiology is important for long term treatment and prognosis which varies with the disease. early and accurate diagnosis of LETM needed so that appropriate treatment can be provided