



Clinico-Radiological Profile and Predictors of Outcome in Longitudinally Extensive Transverse Myelitis – A Single Centre Observational Study

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Transverse myelitis is an inflammatory disorder with acute or subacute spinal cord dysfunction which is characterised by motor, sensory, bladder and bowel involvement. Longitudinally extensive transverse myelitis (LETM) is characterised by contiguous inflammatory lesion of spinal cord extending into three or more vertebral segments as seen on MRI. IV Methylprednisolone and/or PLEX are used as first line therapy.

Prospective Observational Study

Sample size-30

Duration of study-12 months

AIM OF STUDY

To study clinical and etiological profile of longitudinally extensive transverse myelitis patients.

OBJECTIVE OF STUDY

- 1) To study clinical profile of LETM
- 2) To study etiologies of LETM
- 3) To study prognostic factors effecting outcome

Materials and Method

INCLUSION CRITERIA:

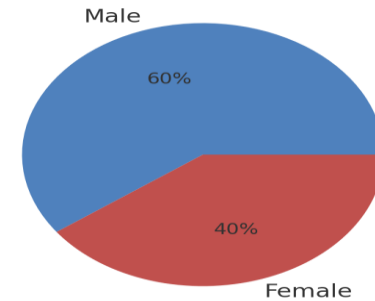
- 1) Patient diagnosed as LETM on MRI
- 2) Age > 5 years

EXCLUSION CRITERIA:

- 1) Compressive myelopathy
- 2) Short segment myelitis
- 3) Age < 5 years

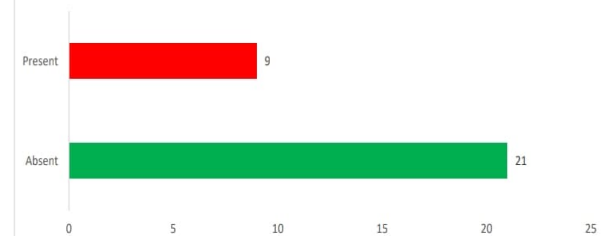
Treatment- IVMP, PLEX

Sex Distribution



■ <20years ■ 21-40 Years ■ >40 years

Distribution of Study Subjects as per Optic neuritis (n=30)



Results & Conclusion

NMOSD was the leading etiology (36.7%), followed by idiopathic (23.3%), tubercular (16.7%), para-infectious (13.3%), and MOGAD (10%). Thoracic cord involvement was most frequently involved (90%). Patients who received early PLEX within 7 days had significantly better outcomes ($p=0.014$). Among those treated with combination therapy, 88.9% showed clinical improvement, while only 66.7% cases with methylprednisolone monotherapy showed improvement

Summary & Conclusion:

- LETM has diverse etiologies
- Early treatment improves functional outcome

