PP160 MUMMY HELP ME! I CAN'T WALK!

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INTRODUCTION:

Acute Transverse Myelitis (ATM) is a rare central nervous system (CNS) disorder in children and has variable prognosis.

CASE REPORT:

A 10 year old Malay girl presented with sudden onset left sided hemiparesis and unable to walk. Otherwise she had no history of trauma, fever or headache.

Upon arrival at ED, patient was alert. The muscle's power of left upper and lower limbs was 2/5, hypotonia, hyporeflexia. Sensory was intact. CNS examination on the right side was normal. Other systems were unremarkable. Routine blood investigations and CT brain came back as normal. She was then admitted to ward for acute myelopathy and possibility of acquired demyelinating syndrome.

On second day of admission, patient developed right sided hemiparesis with reduced sensation at T5 level and below. Intravenous methylprednisolone was commenced as patient was treated as ATM. MRI of the spine revealed ill-defined T2-hyperintense lesion at the cervical cord extending from C3/C4 to C6 levels.

After completion of IV methylprednisolone for five days, patient showed significant improvement and able to ambulate with help upon discharged.

DISCUSSION:

Because ATM is a diagnosis of exclusion, deliberate consideration should be given to the differential diagnosis including tumour, compressive myelopathy, infection and others. Therefore a careful history taking and thorough examination are essential in formulating the diagnosis. Spinal cord symptomatology in childhood ATM usually evolves over 2–4 days to peak at 5–6 days as was typically presented in this patient.

It has been suggested that the use of high-dose corticosteroids can reduce the length of disability and improve outcomes. In this case, early treatment with methylprednisolone has contributed to rapid recovery and reduced the morbidity.

CONCLUSION:

Early recognition of ATM in children is important to prompt early treatment and ensure better prognosis as evidenced in this case.