



Acute Transverse Myelitis after SARS-CoV-2 Infection

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PATIENT

A 68-year-old female with history of systemic lupus erythematosus and hypogammaglobulinemia presented with progressive weakness in bilateral lower extremities. Of note, patient recently tested positive for SARS-CoV-2 infection. Course was complicated by chest heaviness, fevers, and bladder/bowel incontinence.

Treatment of acute transverse myelitis requires a multidisciplinary rehabilitative approach for improved outcomes



FINDINGS

Exam revealed 0/5 muscle strength testing and sensation changes below T2 dermatome.

Classified as T2 AIS A complete spinal cord injury via ISNCSCI

MRI of thoracic spine showed T2-weighted signal attenuation extending from lower cervical spine to T5 with concern for ATM.

CONCLUSION

Acute transverse myelitis is commonly associated with a post-infectious etiology with emerging cases associated with SARS-CoV-2 infection.

This patient ultimately developed movement in both legs emphasizing the importance of undergoing acute inpatient rehabilitation within a dedicated spinal cord injury (SCI) program to make functional progress.