

# Debilitating triad: Myelopathy, lymphoma, and severe polyneuropathy resulting from human T-lymphotropic virus

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## Case Description

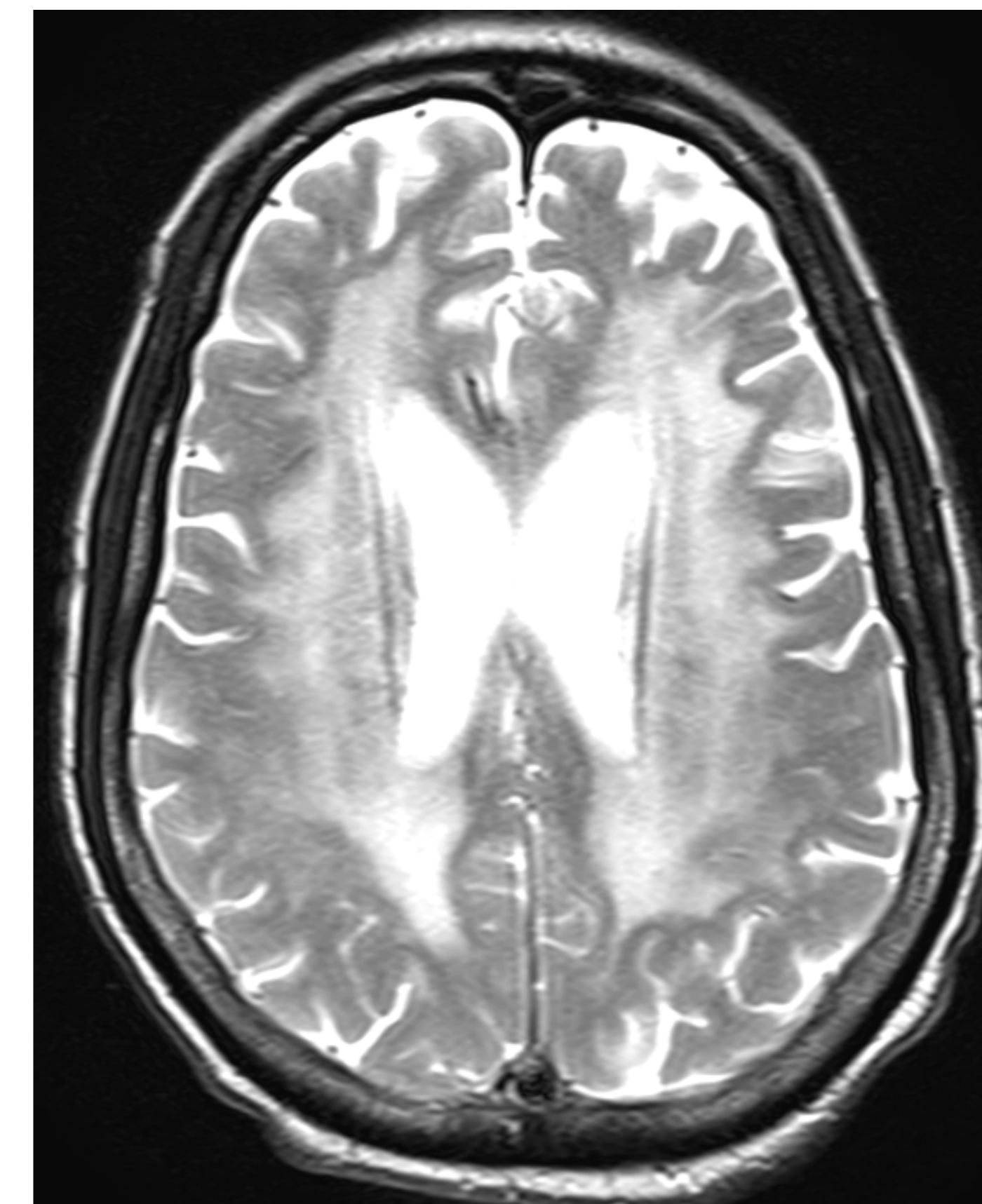
A 70-year-old male with a history of adult t-cell lymphoma leukemia (ATLL) and rapidly progressive myelopathy, both secondary to human T-lymphotropic virus type 1, presents to the emergency department from subacute rehab with complaints of worsening global weakness and hypophonic speech.

Physical exam on admission is consistent with C5 AIS B tetraplegia as well as hypophonic speech, lower extremity flaccidity, hyporeflexia, and absent Hoffman's sign. MRI spine shows central cord enhancement from C7 to conus. Serum studies are positive for HTLV 1/2. CSF studies demonstrate mildly elevated protein; however, HTLV1 CSF PCR was not available. Mixed upper and lower motor neuron findings as well as lack of expected response to plasmapheresis and corticosteroid treatment created suspicion for concurrent pathological process. Neurophysiologic studies showed evidence of severe axonal sensorimotor polyneuropathy. Treatment with pulsed corticosteroids provides improvement in symptoms to L2 AIS B, which is deemed to be his baseline functional status in the setting of likely malignancy-associated polyneuropathy.

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Increased T2/STIR signal predominantly in the central cord extending from C7 down through the conus



Extensive confluent T2/FLAIR hyperintense signal involving the periventricular, deep, and subcortical white matter, the internal capsule, thalamus, midbrain, pons and medulla, both cerebellar hemispheres and middle cerebellar peduncles.

## Discussion

HTLV-1 virus rarely leads to HTLV-1-associated myelopathy (also known as tropical spastic paraparesis) and ATLL, though the impact from these secondary diagnoses is severe and no treatments exist to reduce long-term disability. Pulsed-dose corticosteroids show promise for the possibility of breakthrough improvement in myelopathy; however, if clinical findings are not consistent with myelopathic pathology alone, concurrent polyneuropathy should be considered as this diagnosis can be associated with both virus and malignancy. In this case, the discovery of concomitant polyneuropathy allowed for reasonable conclusion of functional baseline and rehabilitation goals.

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