69. TRANSVERSE MYELITIS AND GUILLAIN BARRE SYNDROME - COINCIDENCE OR CAUSALITY?

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Introduction. Transverse Myelitis is a rare neurological disorder, often without any known cause but with an important negative effect on patients quality of life. The neurological symptoms provided by the transverse Myelitis take the form of motor, sensory and autonomic dysfunctions. It has a slow onset but a progressive course and it's linked to an important loss in patients quality of life.

Case presentation. We present the case of a 71 years male patient with clear progressive spinal cord related neurological symptoms but with repeated normal laboratory and imagistic findings in the first 6 months since its onset. Pathological imagistic signs could be detected only at the stage in which the patient already suffered an important loss in the quality of life.

Discussion. Even at 2 months since onset there were no pathological laboratory and imagistic findings which made a nearly impossible differentiation between transverse Myelitis and Guillain-Barre Syndrome. Under a treatment with intravenous immunoglobulins we could temporarily reach a significant reduction in motor dysfunction, although sensory and autonomic dysfunctions remained unchanged. The course of the motor, sensory and autonomic dysfunctions showed 3 distinct patterns: motor- slow onset and a temporary relief under treatment, sensory- later onset but no relief under treatment, and autonomic early onset and no changes during the entire course. Only a repeated MRI with contrast enhancement at 6 months since onset could provide a confident explanation of the ongoing pathology, timepoint at which the patient already suffered an important loss of his quality of life.

Conclusion. Early diagnostics require a detailed anamnesis and comprehensive physical examination, a continuous monitoring and a correct and prompt use of the necessary laboratory and imagistic techniques. Sometimes setting the right diagnosis requires several repeated laboratory and imagistic techniques.