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【 PICTURES IN CLINICAL MEDICINE 】

Lhermitte's Sign in a Patient with Thoracic Myelitis

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Key words: Lhermitte's sign, myelitis, thoracic spinal cord

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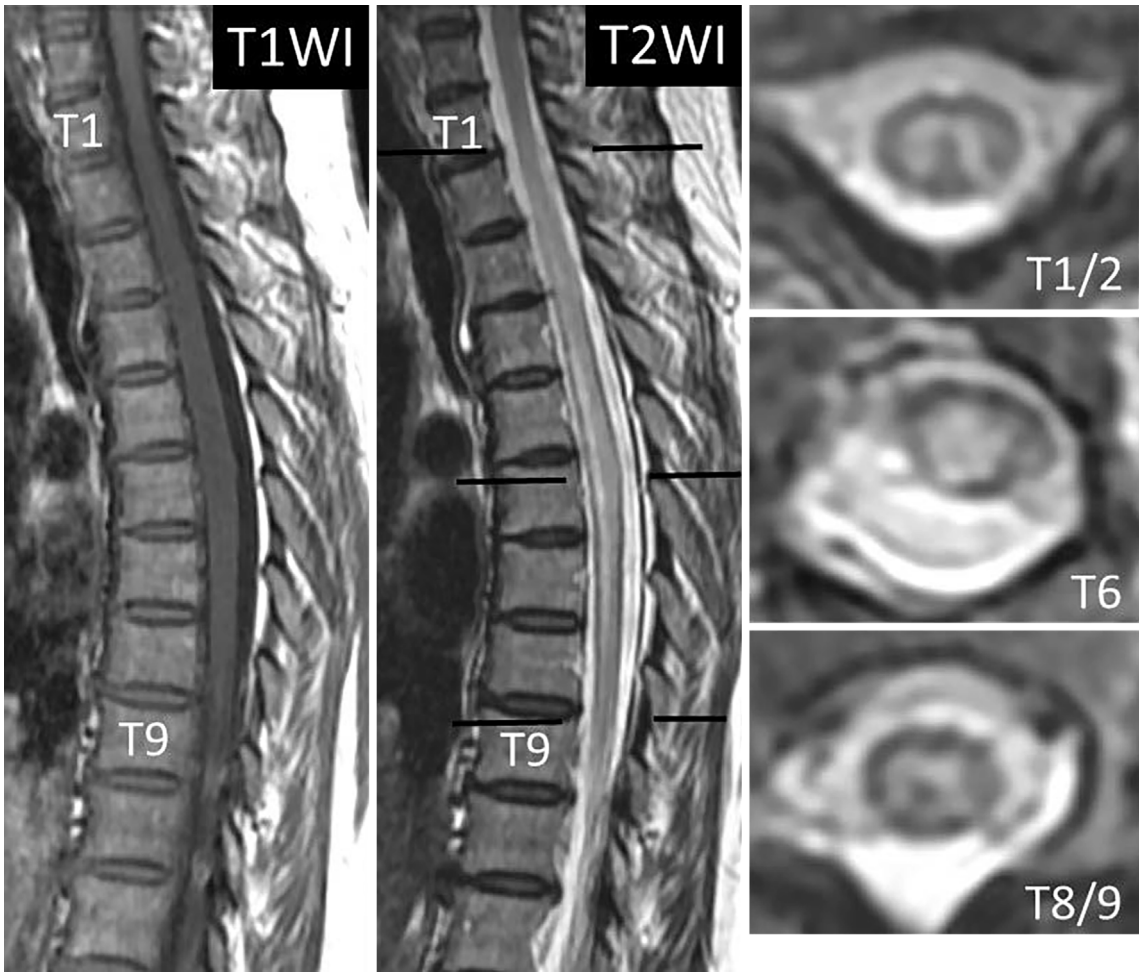

Picture 1.

A 55-year-old Japanese woman progressively presented with sensory disturbance in her right lower body for 1 week. Neurological examinations revealed right leg monoplegia, hypoesthesia in the right abdomen and leg, and Lhermitte's sign. She tested negative for serum anti-aquaporin-4 and anti-myelin oligodendrocyte glycoprotein antibodies. A cerebrospinal fluid analysis showed pleocytosis. T1- and T2-weighted magnetic resonance imaging (T1WI/T2WI) revealed long spinal cord lesions with swelling between the T1 and T9 vertebrae (Picture 1). The bilateral upper ex-

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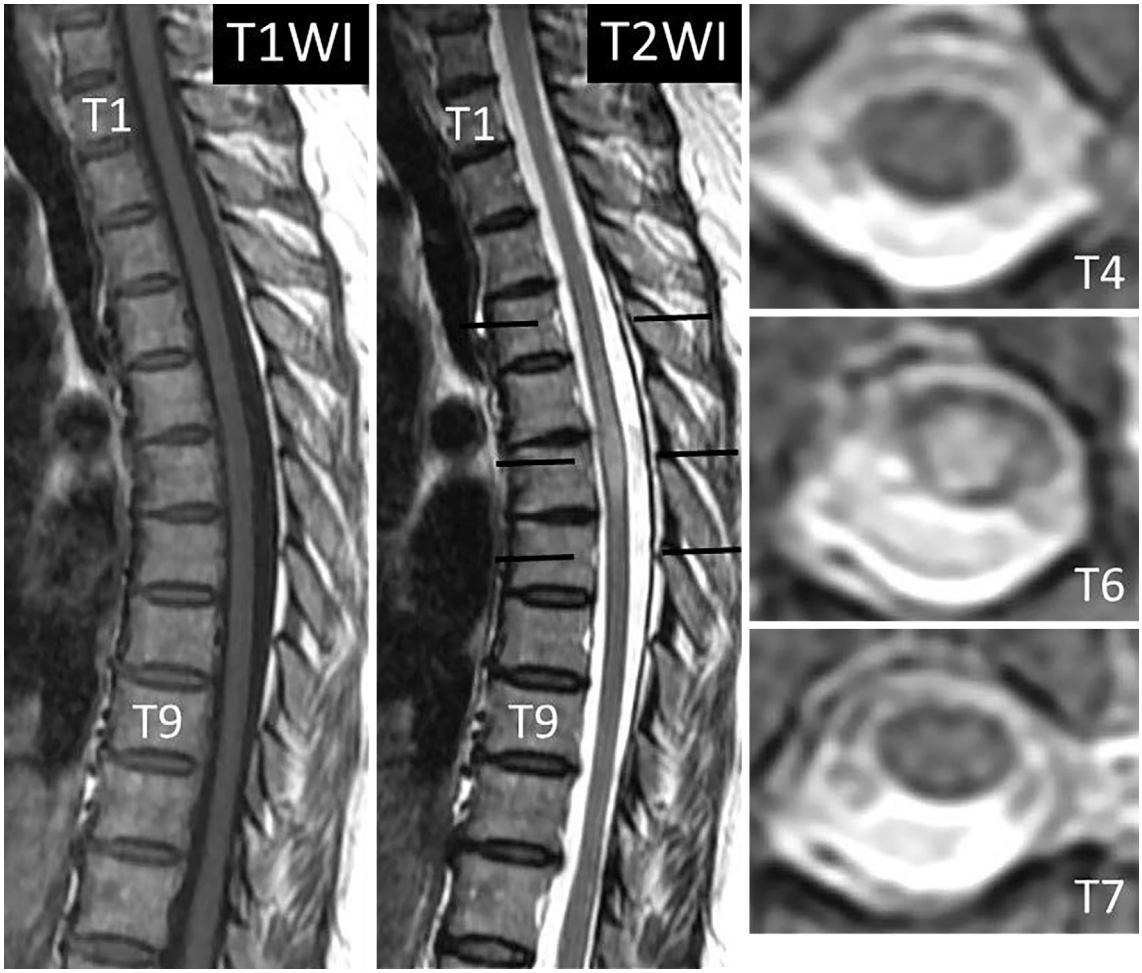

Picture 2.

tremities showed normal motor- and sensory-evoked potentials. Thoracic myelitis was diagnosed. Her symptoms, including Lhermitte's sign and spinal cord lesions, improved after intravenous pulse therapy (Picture 2). Lhermitte's sign typically manifests in patients with cervical lesions (1) but has not been reported in patients with thoracic lesions, except in rare cases of tumor or deformity (2). Given the findings confirmed by neuroradiological and neurophysiological examinations in our case, clinicians should be aware that Lhermitte's sign can appear in patients with thoracic myelitis.

The authors state that they have no Conflict of Interest (COI).

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