

[PICTURES IN CLINICAL MEDICINE]

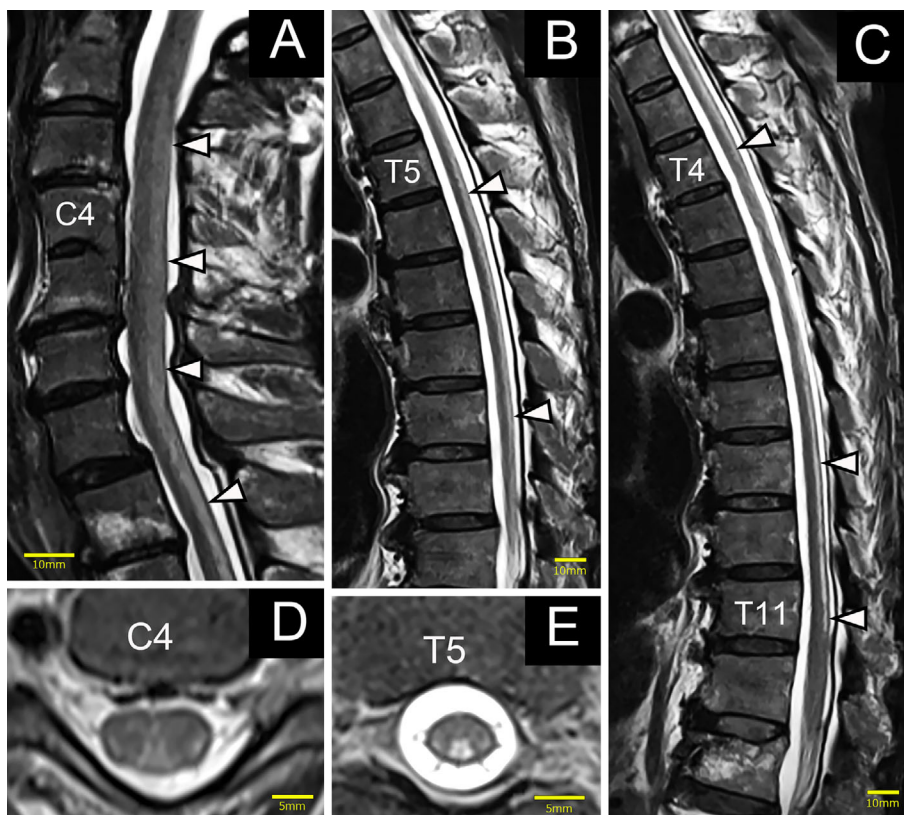
Longitudinally Extensive Spinal Lesion of Subacute Combined Degeneration

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Key words: spinal cord, MRI, malnutrition, gait disturbance, vitamin B12 deficiency

(Intern Med 62: 313-314, 2023)

(DOI: 10.2169/internalmedicine.9497-22)



Picture.

An 85-year-old man with alcoholism developed lasting gait disturbance that deteriorated over 6 months, until he was unable to stand even with help. Distal proprioception and vibratory sensation were absent. T2-weighted magnetic resonance imaging (MRI) revealed hyperintensity in the posterior column stretching nearly the entire length of the spinal cord (Picture A-C) with an inverted V-sign (Picture D-E). Blood tests revealed macrocytic hypochromic

anemia and undetectable serum vitamin B12, and serum anti-aquaporin 4 antibody was negative, while the serum copper level was normal. He was diagnosed with subacute combined degeneration (SCD). Vitamin B12 therapy improved the symptoms partially until he was able to stand while being supported and diminished the MRI lesions, although the signal abnormalities persisted. SCD is caused by vitamin B12 deficiency, affecting the posterior and lateral

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Received: January 31, 2022; Accepted: April 24, 2022; Advance Publication by J-STAGE: June 7, 2022

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funiculus, which are commonly localized to the cervical or thoracic cord. Advanced age, long disease duration, and extensive long spinal lesions are the worst prognostic factors (1, 2). SCD must be considered in cases of myelopathy in elderly individuals with alcoholism and early treatments are important.

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

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Intern Med 62: 313-314, 2023