Elasomeran

Acute transverse myelitis: case report

A 76-year-old woman developed acute transverse myelitis (ATM) following elasomeran administration [*route and dosage not stated*].

The woman, who had a history of hypertension and right-sided hearing impairment presented to clinic with unsteadiness and abnormal sensation in the limbs, predominantly on the right side. She had received elasomeran [COVID-19 vaccine (mRNA-1273,Moderna)] 6 days prior to admission. However, she developed intermittent low-grade fever in the evening, right upper limb paresthesia extending from the distal to the proximal limb areas and to the right lower limb on post-vaccination day 2. On post-vaccination day 3, progressive gait disturbance and sacral paresthesia were noted. Examination revealed decreased proprioceptive sensation below the right T4 dermatome, impairment in joint position and thermal analgesia in the right limbs. The deep tendon reflex of the right limbs was relatively brisk. On post vaccination day 5, neuroimaging study revealed extensive intramedullary hyperintensity in the cervical cord at the C2–C5 levels and C3 level with T1 ring enhanced cervical cord. Cerebrospinal fluid analysis showed mild pleocytosis with neutrophil dominance and elevated protein level. Microbial work up was unremarkable. Bilateral peroneal neuropathy and sensorineural hearing impairment were also noted. Based on clinical findings, she was diagnosed with acute longitudinally extensive transverse myelitis with level-2 diagnostic certainty.

The woman started receiving pulse therapy including methylprednisolone with improvement in limb and sacral paresthesia symptoms. She then received prednisolone. Vitamin B12 levels deficiency was also noted. Therefore, she received hydroxocobalamin. Subsequently, her symptoms improved, and she was discharged home with steroid tapering.

Gao J-J, et al. Acute transverse myelitis following covid-19 vaccination. Vaccines 9: 1008, No. 9, Sep 2021. Available from: URL: http://doi.org/10.3390/vaccines9091008