

Nonscalpel myelopathy: Cervical myelopathy secondary to neuromyelitis optica

Dear Editor,

A 36-year-old female presented with complaints of numbness in all four extremities and hand weakness for 2 weeks with an examination notable for diminished posterior column function, weakness involving hand intrinsic muscles, and evidence of hyperreflexia. Magnetic resonance imaging (MRI) of the cervical spine showed T1 hypointensity [Figure 1a], a long-segment T2 hyperintensity [Figure 1b] with patchy intramedullary enhancement [Figure 1c], but no significant cord enlargement. She was referred to us with a diagnosis of an intramedullary spinal tumor for possible surgery. However, careful imaging evaluation demonstrating longitudinally extensive spinal cord lesion led to consideration of neuromyelitis optica (NMO) as a possible diagnosis. MRI of the brain was normal. A lumbar puncture was performed and she was treated with intravenous steroids and plasmapheresis. Her symptoms of hand weakness and numbness resolved almost completely, and an MRI performed a week later showed significant improvement in imaging findings

[Figure 1d-f – T1-weighted, T2-weighted, and postcontrast, respectively]. Her NMO-IgG antibody test was negative and so was the cerebrospinal fluid for oligoclonal bands. NMO is a chronic disorder of central nervous system characterized by optic neuritis and myelitis. It often presents on imaging as a longitudinally extensive transverse myelitis with long-segment T2 hyperintensity (>3 vertebral segments) and absence of significant spinal cord enlargement. Rapid onset of symptoms and recognition of this imaging findings should lead to avoidance of any surgical intervention as medical management remains the treatment of choice following confirmation of diagnosis. The importance of being cognizant of this non-compressive myelopathy for spine surgeons cannot be overemphasized.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other

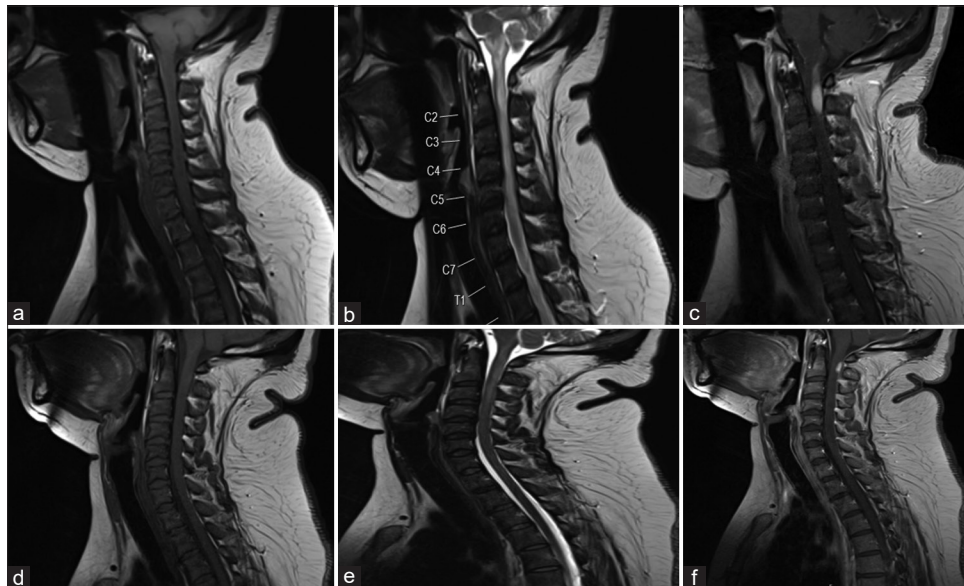


Figure 1: Magnetic resonance imaging of the cervical spine demonstrating T1 hypointensity (a), a long-segment T2 hyperintensity (b) patchy intramedullary enhancement (c) but no significant cord enlargement (a-c). Posttreatment magnetic resonance imaging performed a week later demonstrating significant improvement in imaging findings (d, T1-weighted; e, T2-weighted; and f, postcontrast)

clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest


There are no conflicts of interest.

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