



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

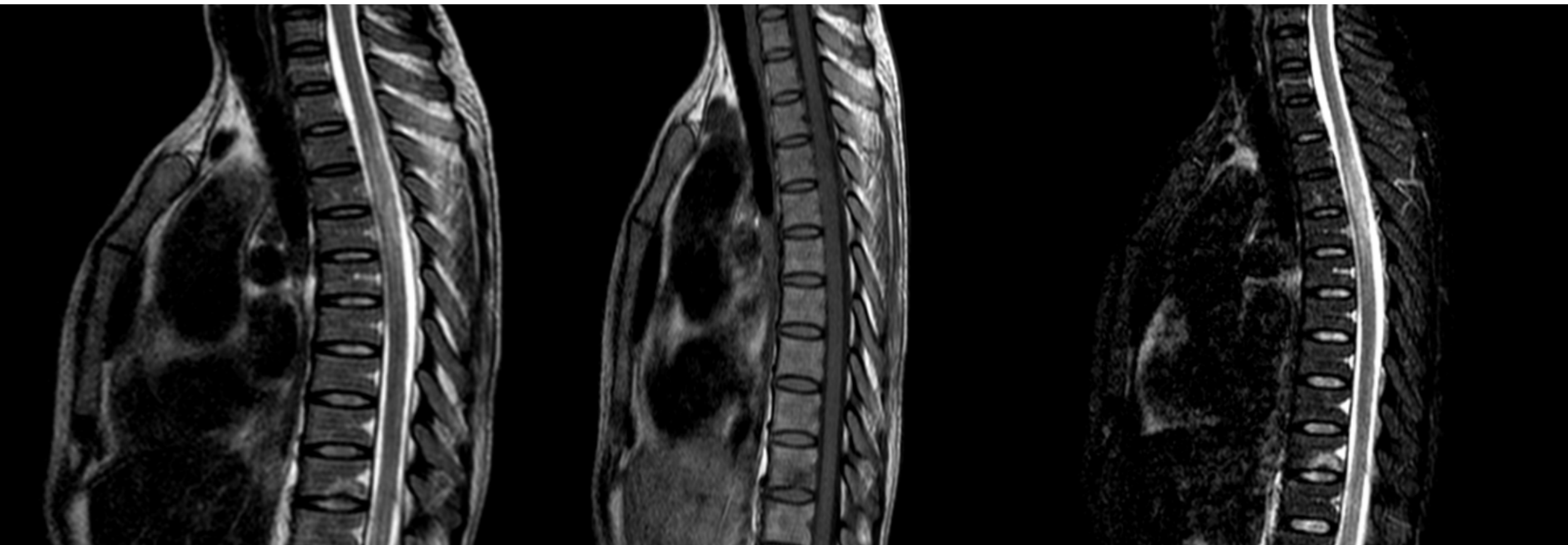
## CASE PRESENTATION

**MENTOR : Dr. Jeevika M U, Professor and HOD, Dept. of radiodiagnosis**

**JJM MEDICAL COLLEGE, DAVANAGERE**

**PRESENTER- Dr Shreya, PG Resident**

- A 35year old female with chief complaint of paraesthesia and paraparesis with extreme pain and loss of power in bilateral lower limbs since 3days
- History of difficulty in micturition and passing stools since 3days
- History of fever since 1week
- Known case of SLE (Not on any medications)
- No history of trauma
- On examination-
- Vitals are stable
- Loss of proprioception, hypotonia and lower limb weakness

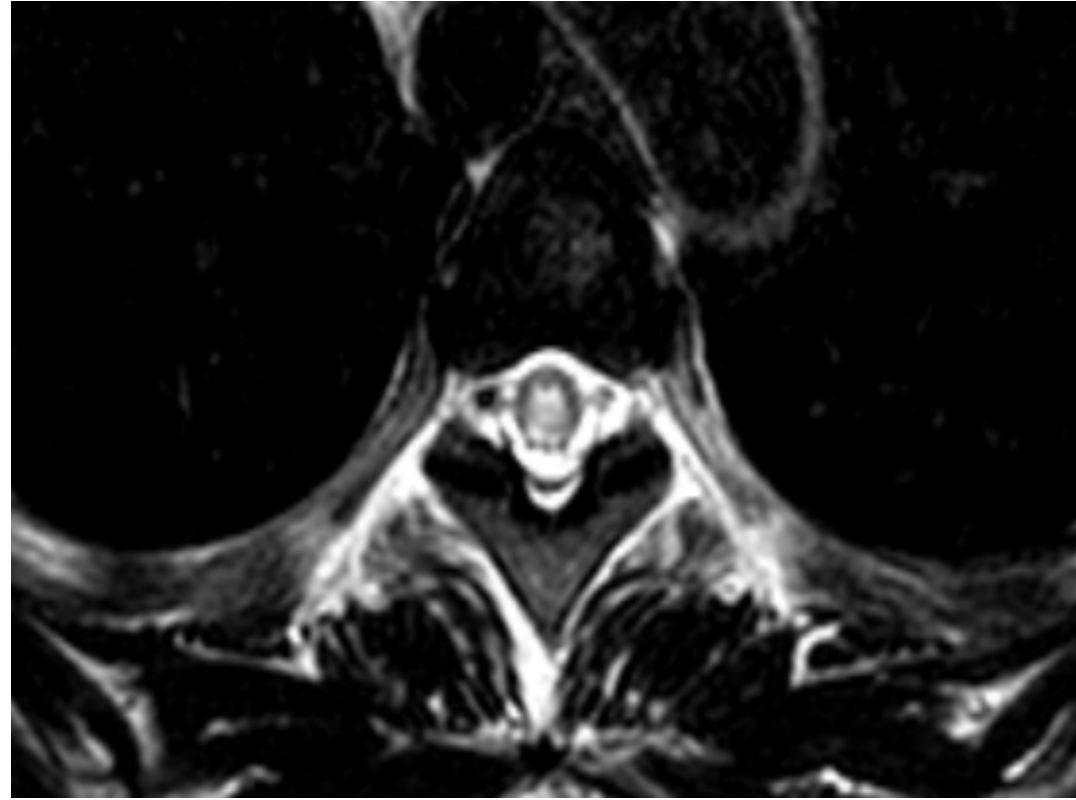
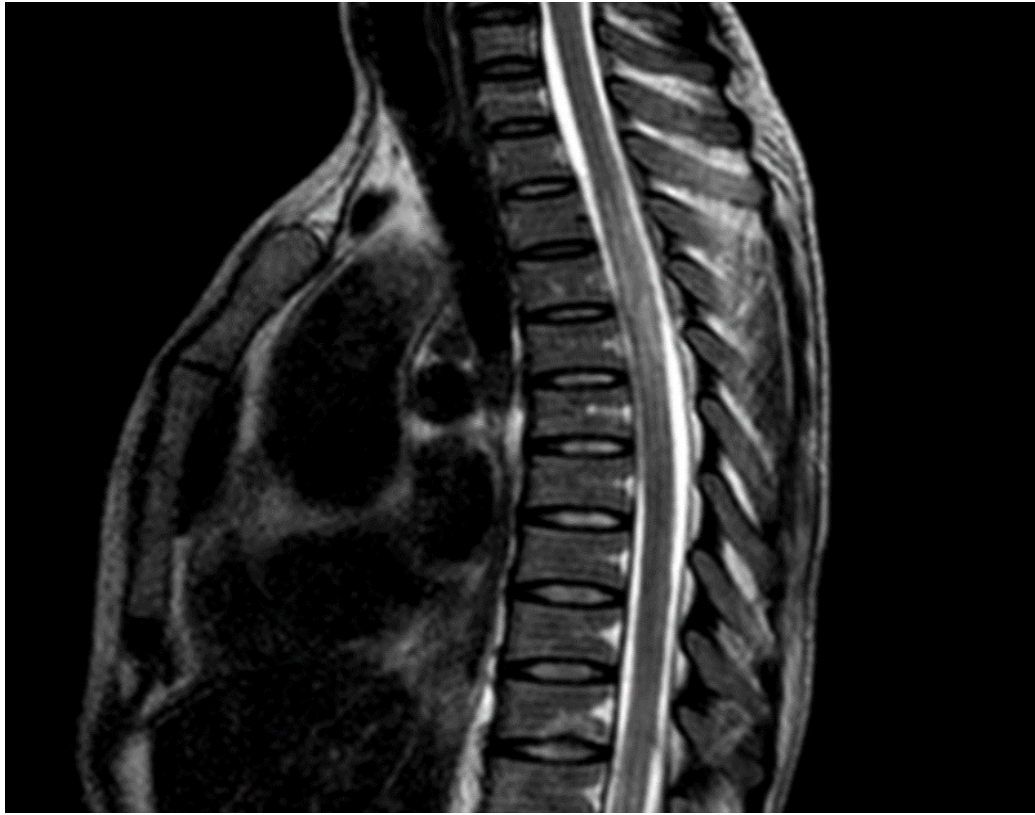


T2

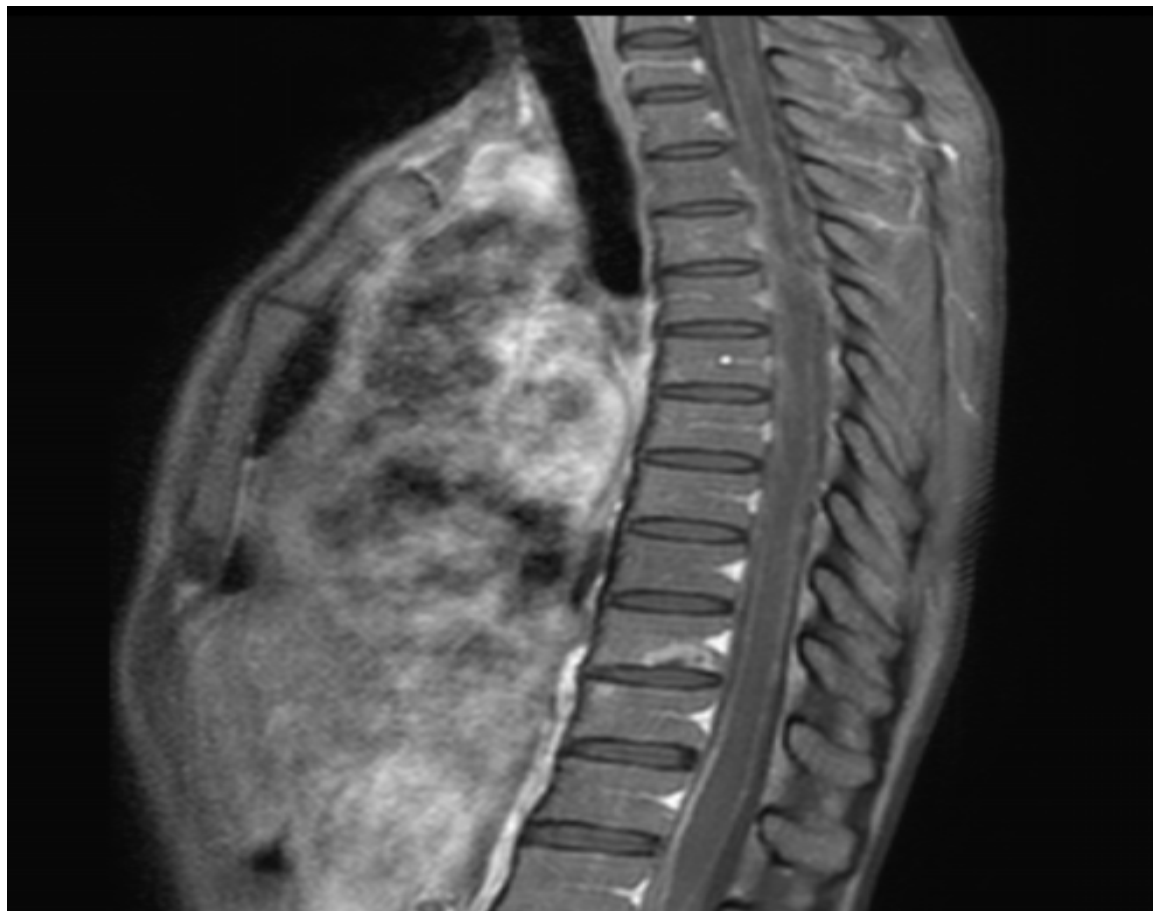
T1

STIR

Sagittal T2, T1 and STIR sequences of thoracic spine showing Patchy long segment areas of altered signal intensity extensively involving thoracic spinal cord from the level of superior endplate of D3 vertebra extending till the superior endplate of D7 vertebra involving more than half transverse diameter of cord associated with swelling of the spinal cord



Sagittal T2 and axial sections of the thoracic spine showing involvement of more than half transverse diameter of cord associated with swelling of the spinal cord with significant reduction in csf space anteriorly



Post-contrast imaging shows patchy areas of enhancement

- Diagnosis: Patchy long segment areas of altered signal intensity extensively involving thoracic spinal cord from the level of superior endplate of D3 vertebra extending till the superior endplate of D7 vertebra involving more than half transverse diameter of cord associated with swelling of the spinal cord and post contrast enhancement

→ **Acute complete transverse myelitis of dorsal spinal cord**

- Follow up: IV steroid therapy( prednisolone 1gm/day, pulsed therapy) for 10days
- Improvement in sensory symptoms

Thank you