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Neuromyelitis optica: A case report

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A 54-year-old woman was treated initially with neuritis of right optic nerve in 2013 that resolved completely. Two years later, she presented with relapse and partial visual functions recovery of right optic nerve. Ophthalmoscopy analysis showed atrophic changes of the disc optic nerve. After undercooling in March 2016, a patient complained of interscapular pain, weakness of the right limbs and urinary retention. MRI of thoracic part of spinal cord showed high T2 signal spread at least more than three vertebral segments, osteochondrosis. CT-angiography of spinal cord showed an absence of vascular malformations. A patient was treated with dexamethasone, ceftriaxone, vascular and metabolic therapy and was discharged with partial recovery, but interscapular pain was still present, sensory impairments from Th6 level down, urinary retention and constipation were revealed. From June 2016, she developed the lower spastic paraplegia. MRI of the brain (2015) didn't reveal any local change of the brain tissues, besides asymmetric hydrocephalus of the lateral ventricles. Biochemical analysis serum antibodies IgG, the specific markers of neuromyelitis optica (NMO), connected with aquaporin -4-(AQP4) usually led to increase of AQP4 concentration, which was 1:320 in our case. Course treatment included solumedrol, aciclovir, ceraxon, actovegin, and cytostatic drugs. The patient was discharged with certain improvements and diagnosed with NMO, partial atrophy of the disc right optic nerve, lower paraplegia, reduced sensitivity in trunk and right lower limb, pelvic sphincter disturbances. From September 2016, the patient started to use copaxone (40 mg/ml 3 times a week s.c. for 4 months). Pain in upper thoracic, cervical parts of vertebra with irradiation to the occipital region increased after respiratory infection in December 2016. The numbness spread to Th4-Th5 segments, appear the clinic of lower paraplegia. She got plasmapheresis as an out-patient one time. Every month from September 2016 to March 2017, infusion of methylprednisolone was performed (1000 mg), rituximab (375 mg/kg i.v. infusion every 10 days №4 from February to March). So, clinical diagnosis now is Neuromyelitis optica (Devic`s disease), remitting course, exacerbation, lower spastic paraplegia, pelvic sphincter disturbances by type of urinary retention and constipation, of the right disc optic nerve atrophy.

Biography

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