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The Mystery of Transverse Myelitis: Can it Happen to You?

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The Mystery of Transverse Myelitis: Can It Happen to You?

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Pathophysiological Processes

Signs and Symptoms

TM attacks may take three to five weeks to climax in intensity, however, most patients experience their worst deficits within seven days of onset stage. Up to 44% of patients have reported viral or bacterial infections prior to TM’s classic ascending paraparesis, sensorimotor lesions and autonomic dysfunctions. Presentation often includes fever, persistent pain, and parasthesia in the anterior and posterior roots of the median branches of the cervical plexus, and parasthesia of the lower extremities more often than the upper. Manifestation of symptoms can cause paraplegia and flaccid paresis. Bored and bladder dysfunction often accompanies initial presentation (Borcherds and Gebhardt, 2011). Optic neuritis may also be present. Patients may temporarily recover and relapse at a later time (Brinar, Habek, Brina, Maljevic, & Brbin, 2006).

Implications for Nursing Care

Acute nursing care focuses on thorough patient assessment to detect pathophysiologic changes in the disease process. The nurse acts to initiate treatments measures, educate the patient, and monitor daily testing. Accurate assessment and monitoring may detect early changes in patient status, resulting in a needed change in the medical treatment plan (Brinar et al., 2006). Following initial treatment and depending on the intensity of patient symptoms, the nurse’s role ranges from supportive care to rehabilitative nursing with a focus on restoring lost function.

Diagnostic Imaging: Figure 2

“Multiple foci of acute partial transverse myelitis: 18-years-old woman presenting progressive paraparesis and sensory loss in right leg. Sagittal spinal cord T1 (A), T2 (B), STIR (C) and T1-contrast (D) show multiple T2 cord hyperintensities affecting less than 3 vertebral bodies with mild spasticity enhancement. Axial T2 images (E) reveal a lesion (J) FLAIR images we can see subcortical white hyperintense lesions, consistent with multiple sclerosis.”

References


Conclusion

TM is a disease of complex etiology but has symptoms that are common to most cases. Attacks can be mild or severe, with effects improving with treatment or permanently disabling the individual. Treatment has been targeted to correct potential underlying causes, restore mobility and impaired functions, and provide supportive care. Practitioners should think to include TM into the differential diagnosis of all cases comprising spontaneous development of sensorimotor disability.