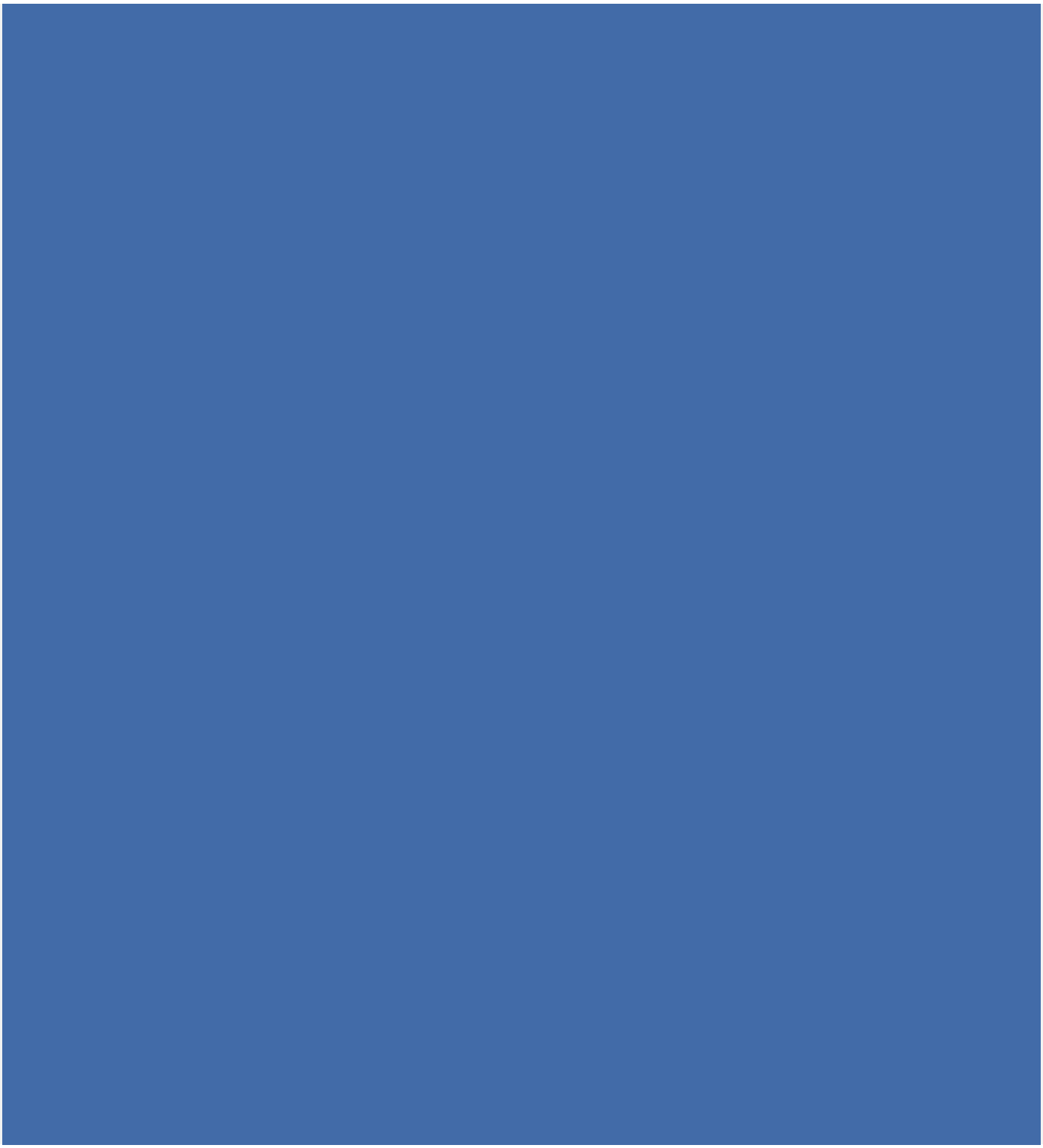
Transverse Myelitis

Last Updated: July 21, 2020

Figure 1: Sagittal T2 (top row left), T1 (top row right), and T1 post-contrast (bottom row left) of the cervical spine with

Figure 2: Sagittal T1 (top row left) Sagittal T2 (top row right) Sagittal T1 post contrast (middle row left) axial T1 post contrast (middle row right), and axial T2 (bottom row). Mild multilevel cord expansion in the thoracic spine with confluent T2 hyperintensity and patchy contrast enhancement. Incomplete peripheral enhancement and T2 hyperintensity is also visible on axial imaging.

Clinical Features

- Generally preceded by a viral like illness with rapid progression of neurological deficits in days
- Most common symptoms include the following: sensory deficit with loss of pain and temperature sensation, band like dysesthesia at lesion level
- Paraplegia or quadriplegia, back +/- radicular pain. Initially hypotonia and hyporeflexia followed by spasticity and hyperreflexia over time
- Any age, but peak at 10-19 yes and 30-39 years.
- No gender predilection.