Abstract

Neuromyelitis optica spectrum disorders (NMOSD) are rare immune mediated demyelinating disorders with a predominant involvement of optic nerves and the spinal cord. The disease has a relapsing nature and cause significant neurological disability with repeated episodes. The disease manifests with optic neuritis, long segment myelitis and area postrema syndrome. Identification of disease specific Neuromyelitis optica spectrum disorders, specific MRI appearances and the core clinical features aid in the diagnosis of the disease.

We report a middle-aged lady presented with subacute back pain and acutely developing lower limb paralysis. On examination she was found to have bilateral flaccid paralysis with a sensory level at T10. MRI pan spine revealed long demyelinating plaque extending from T7-T11. Pending AQP4 antibody status patient was acutely started on IV methyl prednisolone. Since the patient was refractory to steroid therapy, therapeutic plasma exchange was started and got a clinical improvement following fifth plasma exchange. Subsequently azathioprine was started as an immunomodulator for attack prevention.

Natural course of the NMOSD is the stepwise deterioration of motor, sensory, visual and bladder function accumulated with recurrent relapses. Neurological morbidity and mortality is considerably high with NMOSD in the absence of timely management of acute attacks and maintenance immunotherapy.