

ACUTE TRANSVERSE MYELITIS AND DEMYELINATING POLYNEUROPATHY AFTER VACCINATION AGAINST SARS-COV2 - A CASE REPORT

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PATIENT INFORMATION AND CLINICAL FINDINGS

A 43-year-old man consulted for two months of back pain associated with progressive weakness and dysesthesia. He received the Janssen vaccine two weeks before onset of symptoms.

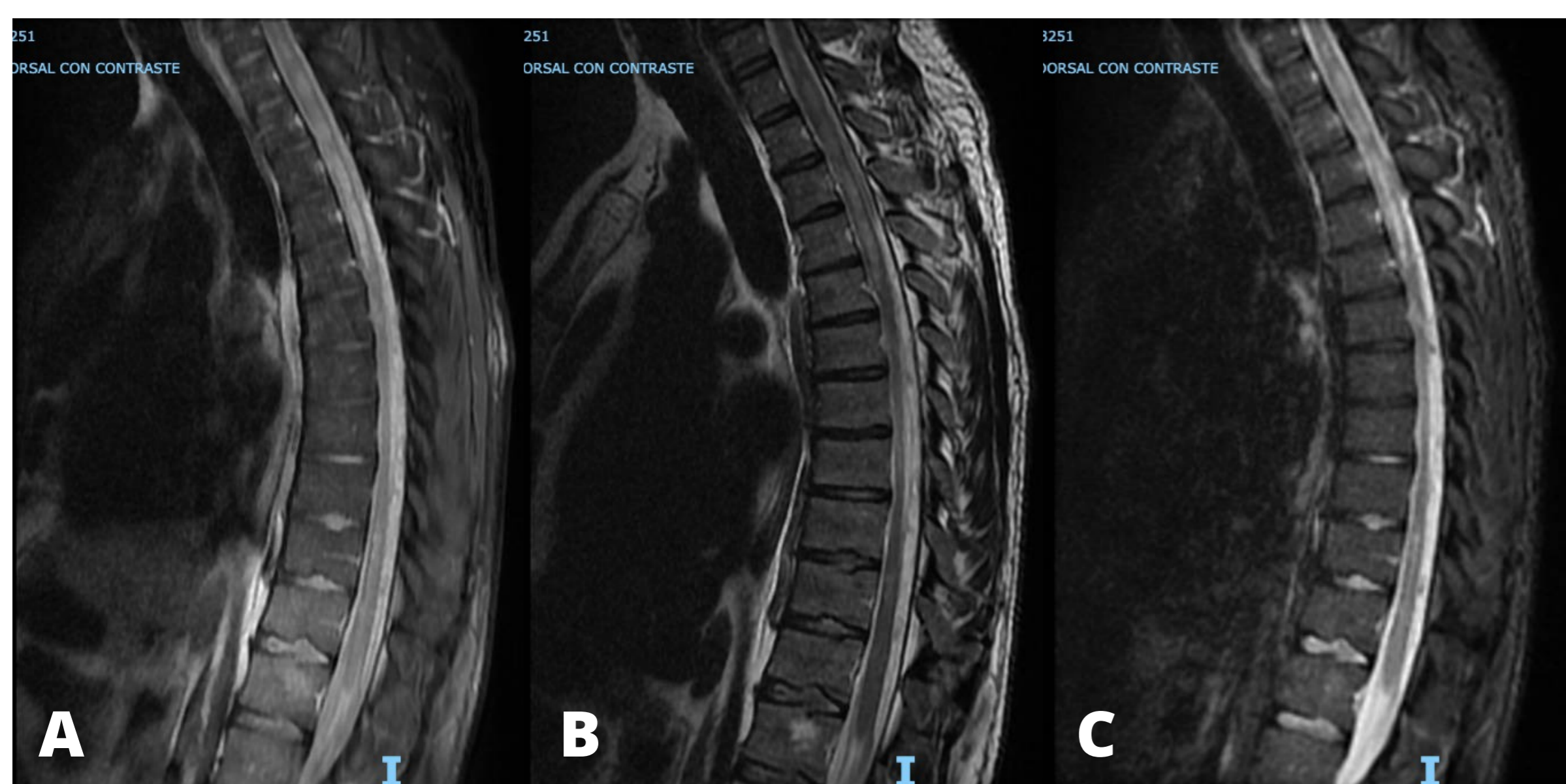


Figure 1. Spinal magnetic resonance findings. Signal hyperintensity in T2 sequence involving the T1 to T3 segments of the spinal cord with enhancement with paramagnetic contrast. A. Fat saturation. B. Fast Relaxation Fast Spin Echo. C. STIR.

The diagnostic evaluation revealed hyperintensity of the spinal cord signal in magnetic resonance imaging (Figure 1), albuminocytologic dissociation, alterations of nerve conduction in electrodiagnosis and peripheral nerves and nerve roots enlargement in neuromuscular ultrasound (Figure 2), findings consistent with myelopathy and demyelinating polyneuropathy. To our knowledge, this is the first case reported of ATM and polyneuropathy after SARS-CoV2 vaccination.

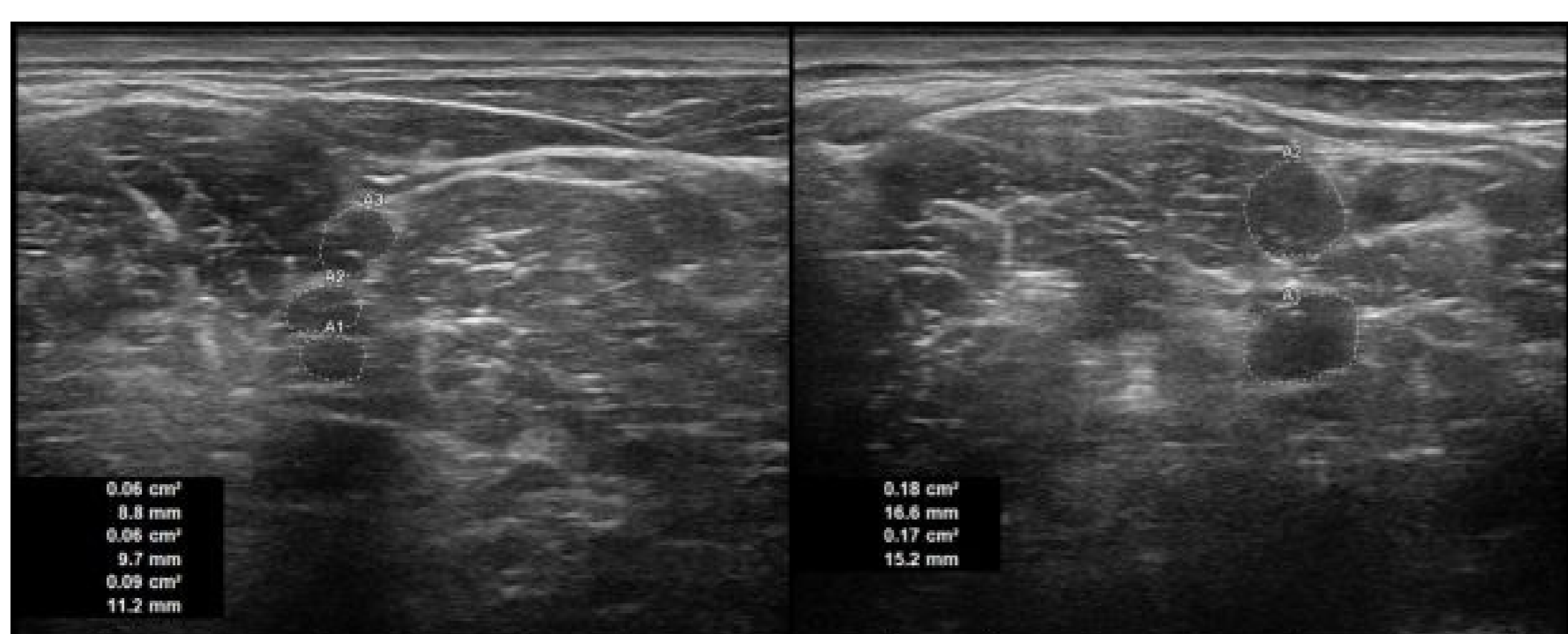


Figure 2. Neuromuscular ultrasonography. Increased cross-sectional area of cervical roots.

INTRODUCTION

Several cases of acute transverse myelitis (ATM) and polyneuropathy associated with vaccines against SARS-CoV2 have been reported, occurring independently, however these reports are infrequent in relation to the number of vaccinated.

DISCUSSION AND CONCLUSIONS

We reviewed the available literature about neurological adverse effects related to vaccination, possible pathogenic mechanisms and available treatments. Although serious neurological events associated with vaccination are infrequent, we should be attentive to their appearance, since they can generate a significant burden of morbidity and disability in those affected. Available evidence suggests that the benefits of SARS-CoV2 vaccination outweigh the risk of serious neurological events.