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Leprous myelitis: A rare case presentation

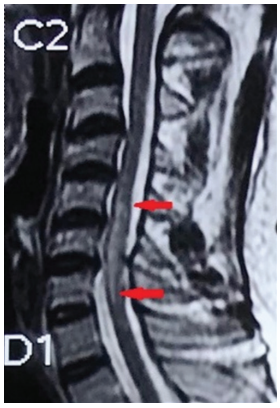

Fig. 1. T2W sagittal image of cervical spine showing hyperintensity in cord extending from C5-C7 (red arrows) with cord expansion suggestive of myelitis.

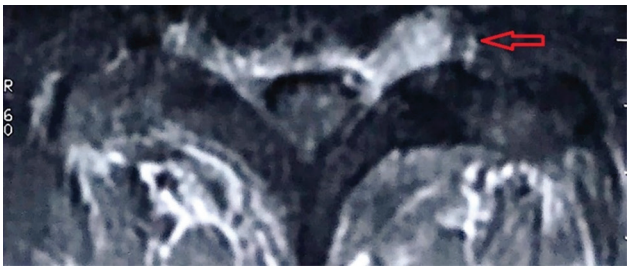

Fig. 2. T1 contrast axial image showing contrast enhancement in the ganglion at C7 level (arrow).

A 44 yr old male[†] presented to the department of Neurology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India, in July 2019, with left upper limb weakness and wasting of hand for four months with sensory loss on medial aspect of left forearm and hand, without bladder and bowel dysfunction. He had wasting in left forearm and hand with weakness of grade 4/5 and pan-sensory loss in C7, C8, T1 dermatomal distribution with normal deep tendon reflexes. There was thickening and tenderness of the left ulnar nerve. A diagnosis of Hansen's disease was made. MRI revealed C5-C7 myelitis (Fig. 1) with cord expansion with C7 ganglionitis (Fig. 2). Nerve conduction study revealed non-recordable motor and sensory potentials in the left ulnar nerve with decreased compound muscle action potential (CMAP) in the left common peroneal nerve. Left ulnar nerve fascicular biopsy revealed chronic Hansen's neuritis borderline type. CSF examination revealed mild increase in protein. The patient was treated with daily dose of clofazimine and dapsone with monthly rifampicin and dapsone along with oral steroids.

Spinal cord involvement in leprosy is less common. The site of spinal cord involvement in this case corresponded precisely with the clinical manifestations as well as with ganglion involvement.

***Conflicts of Interest*:** None.

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