

A Case of Devic's Neuromyelitis Optica with Pulmonary Tuberculosis

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Neuromyelitis optica (Devic's syndrome) is characterized by acute bilateral visual loss (optic neuritis), acute transverse myelitis, near simultaneous development of these optic and spinal symptoms, no other symptoms and involvement of the central nervous system. Sporadic reports of patients with neuromyelitis optica in association with tuberculosis confined to the lungs have appeared over the last years. A 67-year-old man presented with visual disturbance and sudden onset of lower limb weakness. On neurological examination, bilateral visual loss, flaccid paraparesis, hypesthesia below T2 dermatome, and extensor plantar responses were noted. Chest X-ray revealed bilateral nodular densities in the upper lung fields and a fluorochrome stain for tuberculosis was positive. Magnetic resonance imaging showed spinal cord swelling and high signal intensity (T2WI) in thoracic spinal cord. We report a case of neuromyelitis optica with pulmonary tuberculosis. It is suggested that this condition might be caused by an immune reaction to tuberculosis rather than the use of antituberculosis medication.

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Key Words : Neuromyelitis optica, Pulmonary tuberculosis, Immune reaction

(neuromyelitis optica)
(monophasic or multiphasic)

67 가

.¹⁻³ 1870
Eugen Devic Fernard

Gault 3 가

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drome) 1 가⁴

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(4 kg/2), , ,

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가

가 Grade I-II

T2

(ankle clonus)

T2

(Fig. 2).

가

X

(Fig. 1). 3

(Fig. 3).

가 (9 /mm³)

33 mg/dl, 58 mg/dl

IgG index, oligoclonal band

P100

L3, T12

가



Figure 1. Chest X-ray shows bilateral nodular densities in the upper lung fields and subsegmental atelectasis in the left lower lobe.

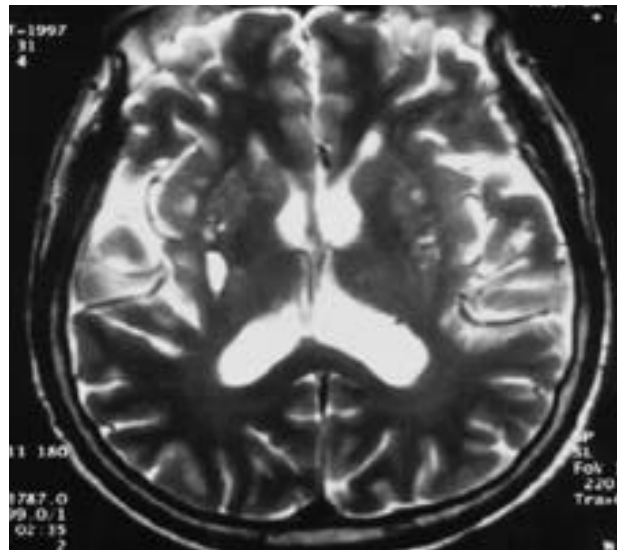


Figure 3. T2 weighted axial image of brain shows high signal intensities in both basal ganglia.

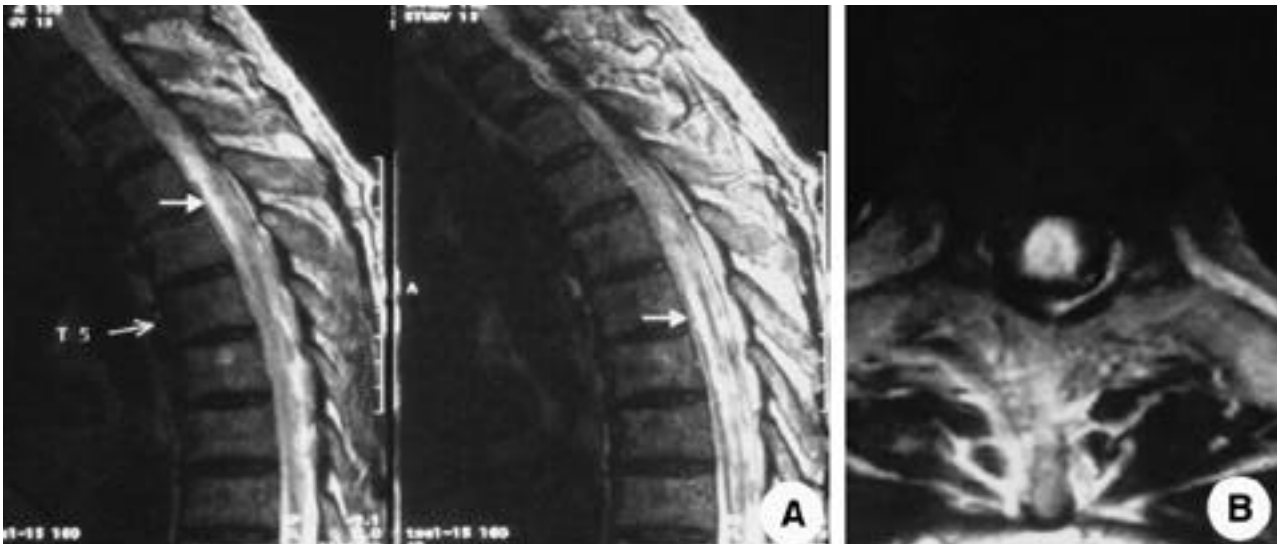


Figure 2. T2 weighted sagittal (A) and axial (B) images of thoracolumbar cord demonstrate extensive swelling of the thoracic segment and high signal intensities (T2 to T9).

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