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NEUROLOGICAL BULLETIN

FEATURING ARTICLES BY TRAINEES IN NEUROLOGY & NEUROSCIENCE

Chemotherapy-Induced Myelopathy

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A 56-year-old man with a diagnosis of epidural compression of the thoracic spinal cord (T₆ - T₈) due to Burkitt's lymphoma had surgical decompression with persistent myelopathy. He presented with worsened lower extremity numbness and weakness after the fifth cycle of systemic cytarabine and intrathecal methotrexate. Examination disclosed a spastic ataxic paraparesis, with unremarkable serum (including vitamin B₁₂, TSH, Cu⁺⁺, vitamin E, syphilis IgG) and CSF values. MRI of the spinal cord showed T2 hyperintensity of the posterolateral columns, characteristic of chemotherapy-induced myelopathy.¹

Myelopathy following chemotherapy is a rare but devastating complication (mostly from methotrexate and cytarabine).^{1,4,5} The latency to onset of symptoms can be delayed, which include back pain and a rapidly progressive paraparesis, sensory level and bladder/bowel involvement.^{2,3,5} MRI scans show focal cord swelling in the posterior and lateral columns.¹ It is a diagnosis of exclusion and carries a poor prognosis.⁵

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Keywords: chemotherapy, myelopathy, cytarabine, methotrexate, spinal MRI

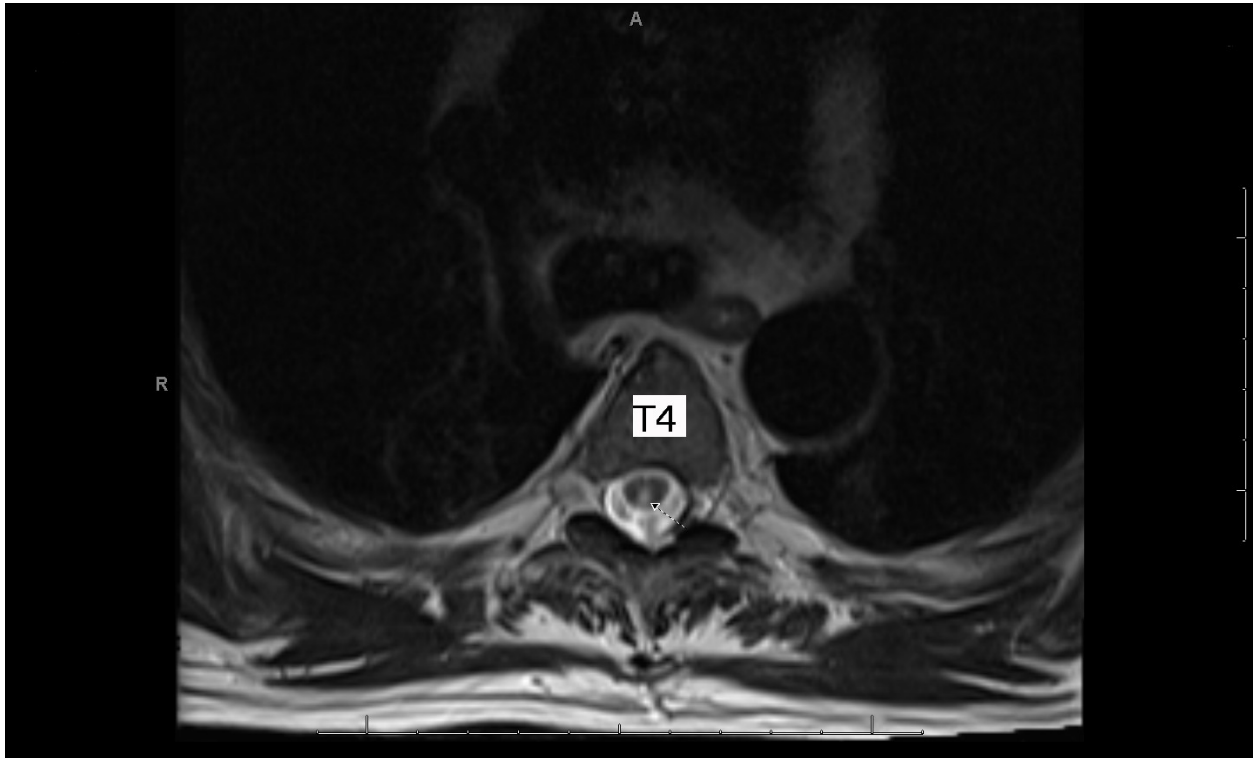


Figure 1: Axial T2 image of the thoracic spine at the T4 level showing hyperintensity at the level of the posterior columns (arrow).

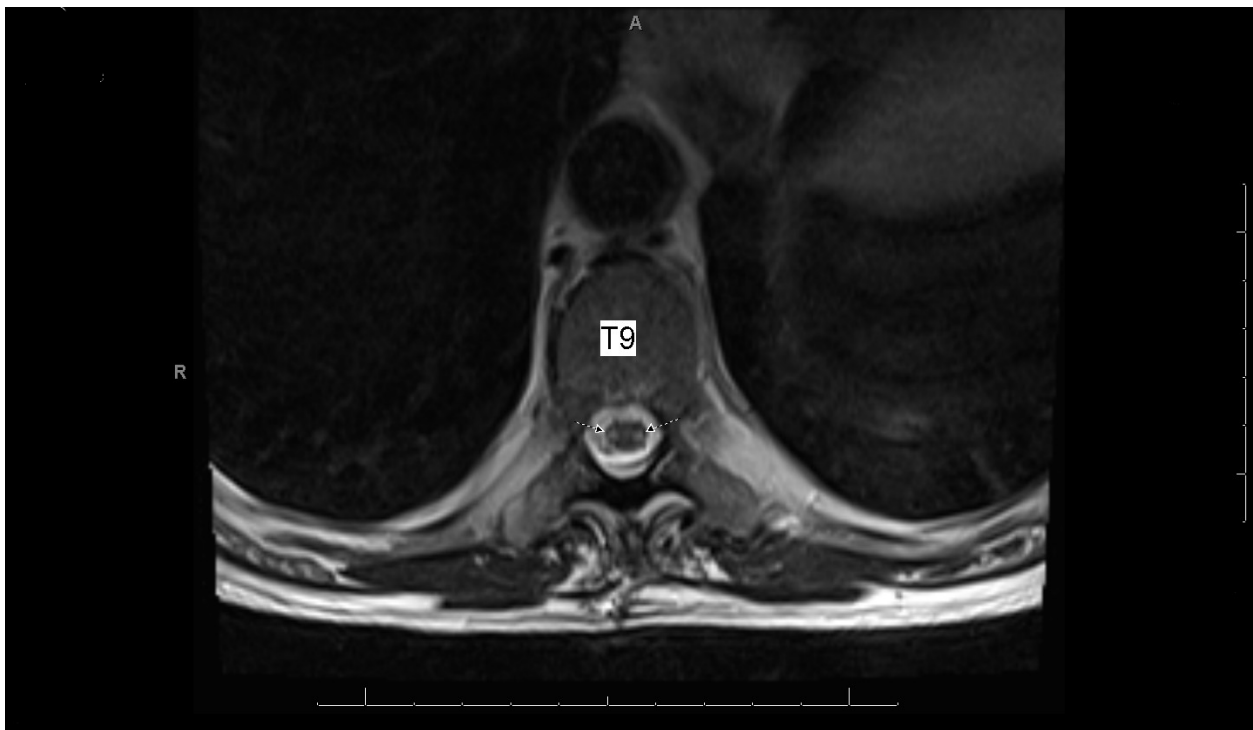


Figure 2: Axial T2 image of the thoracic spine at the T9 level showing hyperintensity at the level of the lateral columns (arrows).

Disclosure: the author reports no conflicts of interest.

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