E-Poster

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Age is No Barrier

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

Neuromyelitis Optica Spectrum Disorder (NMOSD) is an aggressive autoimmune demyelinating condition of the central nervous system, primarily affecting the spinal cord and optic nerves. Aquaporin-4 antibody positivity is a key diagnostic marker. While NMOSD can lead to severe disability, appropriate immunotherapy and rehabilitation can significantly improve outcomes, even in elderly patients.

CASE DESCRIPTION

An elderly female in her 80s functionally independent prior to illness, presented with progressive neurological symptoms including ataxia, paresthesia, and profound weakness over two weeks. She had a background of treated breast carcinoma and an initial presentation of lethargy, headache and respiratory infection. Neurological decline prompted hospital admission where MRI revealed extensive hyperintense T2 signal abnormalities in the posterior cervical cord, medulla, and high thoracic cord. AQP4 antibody testing confirmed NMOSD. Treatment included high dose methylprednisolone, plasma exchange and mycophenolate. Despite initial deterioration with quadriparesis, due to her determination to walk again she was admitted to the rehabilitation hospital and demonstrated gradual improvement with physiotherapy. After two months in an acute hospital and three months in a neurorehabilitation unit, she was discharged home with a care package. Post-rehabilitation, she was initially wheelchair-bound but progressed to supervised walking with a Zimmer frame. She continued to improve, transitioning to walking with a single stick outdoors and now being assessed for return to driving.

DISCUSSION

In elderly patients, who may have reduced physiological reserves and pre-existing comorbidities intensive rehabilitation, may not even be offered. Despite profound initial weakness, intensive neurorehabilitation enabled substantial motor recovery, demonstrating that age should not preclude aggressive treatment and rehabilitation in NMOSD. The patient's significant progress from quadriparesis to near independent mobility highlights the potential for meaningful recovery even in elderly individuals, emphasizing the role of rehabilitation in optimizing long-term outcomes. Access to intensive rehabilitation should be determined not by chronological age, but by the patient's motivation and personal goal setting. This case highlights how tailored, goal-oriented therapy can lead to significant improvements. As our population ages and maintains high levels of function, conditions once considered irrecoverable now demand a renewed vision for rehabilitation.

CONCLUSION

This case serves as a reminder that with appropriate early intervention and a commitment to comprehensive, individualized rehabilitation strategies, even elderly patients can achieve remarkable functional recovery. As our population ages and maintains high levels of function, conditions once considered irrecoverable now demand a renewed vision for rehabilitation.

Statement of Disclosures

None

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