E-Poster

EP-399

Rehabilitation Following Paraplegia Caused by Ruptured Spinal Arteriovenous Malformation (AVM) of Conus Medullaris: A Case Report

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

Lu Maw Win[1], Ei Thet Nyein[2]

[1]*Rehabilitation Medicine, Pun Hlaing Hospital, Rangoon, Myanmar*
[2]*Rehabiliation Medicine, Chulalongkorn University, Bangkok, Thailand*

BACKGROUND

This case report outlines the challenges and successes in rehabilitating a 46-year-old woman with T12 paraplegia due to a ruptured spinal arteriovenous malformation (AVM) at the perimedullary conus, categorized as ASIA impairment scale grade A. Over one year, the patient participated in an integrated outpatient rehabilitation program at Pun Hlaing Hospital, yielding substantial improvements in daily activities and achieving independence. This underscores the transformative impact of collaborative teamwork in enhancing the lives of individuals dealing with spinal cord injuries.

CASE DESCRIPTION

Diagnostic evaluation, including spinal cord magnetic resonance Imaging (MRI), revealed a congestive myelopathy spanning from the T12 level down to the conus medullaris. Despite a successful intervention through spinal angiography with embolization to address the aneurysm, the patient's condition persisted as unchanged flaccid paraplegia at the T12 functional level, classifying it as a complete SCI of class A. This prompted the implementation of a comprehensive rehabilitation strategy to improve the patient's overall functionality and quality of life.

The tailored outpatient rehabilitation program, conducted over a year at Pun Hlaing Hospital, aimed to promote independent ambulation with minimal assistance while restoring self-control over bladder and bowel functions. Remarkably positive outcomes ensued, including the use of bilateral ankle-foot orthosis (AFO) and frame-assisted ambulation, as well as the achievement of independent transfers and intermittent self-catheterization for a neurogenic bladder (NLI L3, ASIA impairment B).

DISCUSSION

Despite a successful spinal angiography with embolization following diagnostic spinal cord MRI that revealed congestive myelopathy from T2 to the conus medullaris, the patient's condition persisted as unchanged flaccid paraplegia at the T12, complete SCI of class A. Outcome of ongoing rehabilitation for paraplegia achieved significant improvement mobility

CONCLUSION

Consequently, the individualized rehabilitation program in limited resource country for spanning one year may achieving good functional outcome for paraplegia following ruptured spinal AVM of Conus Medullaris.

Statement of Disclosures

None

Doi: 10.5606/archisprm.2026.EP-399

Corresponding Author:
Lu Maw Win
Rehabilitation Medicine, Pun Hlaing Hospital, Rangoon, Myanmar
Email: drlumawwin@punhlainghospitals.com