E-Poster

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The Effect of Rehabilitation in the Functional Recovery of Myelitis Secondary to Tuberculous Meningitis

Topic: Rehabilitation Across the Continuum of Care

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BACKGROUND

Tuberculosis, mainly pulmonary, remains a major health issue in Morocco. It can spread to the meninges, causing tuberculous meningitis. Occasionally, this infection can lead to inflammation of the spinal cord, known as myelitis.

CASE DESCRIPTION

We report the case of a 58-year-old female patient with no previous history who is being followed in our department for spastic triplegia due to myelitis following tuberculous meningitis. Her first symptoms dated back eight months, with the onset of intracranial hypertension syndrome and reduced visual acuity. Lumbar puncture and CSF examination were consistent with tuberculous meningitis, necessitating seven months of anti-TBK treatment. On clinical examination, she presented an inability to walk, spasticity of the two lower limbs, abolition of osteotendinous reflexes, limitation of dorsiflexion of the ankle to -10 degrees on the right and of flexion of the two hips to 90 degrees, muscle strength at 4/5 proximal muscles and 5/5 distal muscles in the upper limbs and at 0/5 in the lower limbs. She also has sensory disturbances and urinary and sphincter dysfunction. In terms of balance, she had reduced postural balance while sitting. The rehabilitation management in our department consists of motor rehabilitation , botulinum toxin injections and education for self-catheterization.

DISCUSSION

Myelitis is the most common manifestation of spinal tuberculosis. The onset is marked by slowly progressive paraparesis and sphincter disorders, preceding paralysis, which often develops within a few days. The main aim of rehabilitation in tuberculous myelitis is to improve patient autonomy and reduce disability. Early and comprehensive rehabilitation helps improve quality of life.

CONCLUSION

Tuberculous myelitis is a severe complication that leads to major neurological deficits, requiring multidisciplinary management including physiotherapy and neurological rehabilitation to optimize functional recovery.

Statement of Disclosures

None

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