MISSISSIPPI STATE UNIVERSITY

Non-traumatic acute tetraplegia

Recommended Diagnostics

-History
    *Travel history important
    *Any exposure to botulism toxin (raw meat, carrion)?
    *Flea/tick control?
    *How acute of an onset?
        -Acute onset with no pain increases likelihood of a fibrocartilaginous embolism (FCE)
    *Any regurgitation, fatigue of palpebral, episodic weakness, etc, as seen in myasthenia gravis (MG)
    *Identify neck pain
    *Assess mentation, behavior
    *Absent spinal reflexes =LMN disease (botulism, tick paralysis, MG, polyradiculoneuritis)
        -May have hyperesthesia with polyradiculoneuritis
    *Spinal reflexes intact=Cervical or brain lesion (IVDD, discospondylitis, FCE)
    *Look thoroughly all over for tick (possible tick paralysis)
-CBC/Serum chemistry including T4
    *Hypothyroidism causes decreased spinal reflexes
    *Include a CK to evaluate for possibly myositis
-Radiographs (cervical)
    *Masses, dislocations, bony lysis, discospondylitis
-Urinalysis
    *May save for last due to low yield in these cases
    *If suspect discospondylitis, perform urine culture early on
-Blood pressure
-4DX Snap test

Recommended Treatments

-After ruling out toxicities treat empirically for infectious causes and cervical disk herniation with possible nerve root compression or spinal lymphosarcoma

-Minocycline or doxycycline for possible rickettsial meningitis (10 mg/kg PO BID) for 4 weeks

-Clindamycin for possible toxoplasmosis/neosporosis may be considered

-Prednisone at (initially at 2 mg/kg daily) for steroid-responsive meningitis/arteritis or lymphoma

-Gabapentin (10 mg/kg PO TID) for neuropathic pain

-Diazepam or methocarbamol for neck pain/spasms

-Assure adequate emptying of bladder/colon; catheterize prn

-Cage rest and nursing care (bedding, padding, etc)

Follow-up

Recheck in 1 week and assess response, potentially wean down steroids to lowest possible dose and give gabapentin as needed

Additional thoughts

-Tensilon testing should be considered if PE or other clinical signs suggest MG