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To:
Compassionate Allowances Program Office
Social Security Administration

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Proposed Condition Name

Transverse Myelitis

Alternate Names

- Acute Transverse Myelitis
- Idiopathic Transverse Myelitis
- Acute Myelopathy
- Spinal Cord Myelitis

Summary

Transverse myelitis (TM) is a rare, immune-mediated inflammatory disorder involving the spinal cord, leading to demyelination and neuronal injury across one or more contiguous segments [1,2]. It disrupts motor, sensory, and autonomic pathways, causing acute or subacute onset weakness, sensory changes, and bowel/bladder dysfunction [3].

TM may occur as an isolated condition, in association with autoimmune disease (e.g., multiple sclerosis, neuromyelitis optica), or following infections, vaccinations, or systemic inflammation [4,5]. Many patients experience substantial, long-term disability despite treatment.

Description of Condition

The inflammation in TM damages myelin and axons, impairing neural conduction [2]. Symptoms typically develop over hours to days, often peaking within 4 hours to 21 days [3]. Presentations include bilateral limb weakness, sensory level changes, neuropathic pain, and sphincter dysfunction. Severe cases may progress to complete paralysis.

Prognosis varies: some patients regain function, while others have permanent motor and sensory deficits, neurogenic bladder/bowel, and chronic pain [5,6].

Diagnostic Testing

Neuroimaging:

- **MRI of spinal cord:** T2 hyperintense lesions spanning ≥1 vertebral segment, sometimes with gadolinium enhancement [2,3].
- **MRI of brain:** To exclude multiple sclerosis or other CNS diseases.

Laboratory & CSF Analysis:

- CSF: pleocytosis, elevated protein, oligoclonal bands [3,4].
- Serum: autoimmune panels, aquaporin-4 (AQP4) antibodies, myelin oligodendrocyte glycoprotein (MOG) antibodies [4].

Electrophysiology:

- Somatosensory evoked potentials: slowed conduction through the lesion [6].

Physical Findings

- Bilateral limb weakness (paraparesis or quadriparesis)
- Sensory level corresponding to lesion location
- Hyperreflexia, spasticity
- Neuropathic pain (burning, tingling, shooting) [3]
- Bladder and bowel incontinence or retention
- Gait disturbance, sometimes complete inability to ambulate

ICD-10 Codes

- **G37.3** — Acute transverse myelitis in demyelinating disease of central nervous system
- **G37.4** — Other acute transverse myelitis of central nervous system

Onset

Onset is **acute or subacute**, with symptoms developing over hours to days. Maximum severity is generally reached within 4 hours to 21 days [3]. TM can occur at any age but peaks in young adults and middle-aged individuals; pediatric cases are also reported [4,5].

Course / Progression

- **Acute phase:** Rapid progression of weakness, sensory loss, and autonomic dysfunction [2,3].
- **Recovery phase:** Begins within 1–3 months if it occurs at all; recovery may be partial or complete [3].
- **Chronic phase:** Up to one-third have severe, permanent disability, including paralysis, chronic pain, and loss of bladder/bowel control [5,6].
- Risk of recurrence exists, particularly with underlying autoimmune disorders [4].

Treatment

Acute Management:

- High-dose IV corticosteroids (e.g., methylprednisolone) [2,4].
- Plasma exchange (PLEX) for steroid-refractory cases [4,5].
- Intravenous immunoglobulin (IVIG) in selected cases [5].

Long-Term Management:

- Physical and occupational therapy for mobility and function
- Antispasmodics for spasticity (e.g., baclofen, tizanidine)
- Neuropathic pain agents (e.g., gabapentin, duloxetine)
- Bladder/bowel programs for neurogenic dysfunction
- Assistive devices: walkers, braces, wheelchairs

Rationale for Compassionate Allowance

- **Rapid onset, high disability potential:** TM frequently causes immediate and severe functional loss [2,3].

- **Objective diagnosis:** MRI and CSF findings are specific and reproducible [2,4].
- **Poor prognosis in severe cases:** Many patients experience irreversible motor, sensory, and autonomic deficits [5,6].
- **Severe quality-of-life impact:** Permanent loss of mobility, independence, and bodily control meets SSA's criteria for expedited review.

Given the severity, speed of progression, and potential for life-long disability, inclusion in the Compassionate Allowances Program would ensure timely support for those affected.

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