

2016

Case No. 22 - Paraplegia in a 12 year old with a Delayed Diagnosis and Treatment of Transverse Myelitis

New York Law School

Follow this and additional works at: http://digitalcommons.nyls.edu/patient_safety_project



Part of the [Health Law and Policy Commons](#), [Insurance Law Commons](#), [Medicine and Health Sciences Commons](#), [Social Welfare Law Commons](#), and the [Torts Commons](#)

Recommended Citation

New York Law School, "Case No. 22 - Paraplegia in a 12 year old with a Delayed Diagnosis and Treatment of Transverse Myelitis" (2016). *Patient Safety Project*. Book 23.

http://digitalcommons.nyls.edu/patient_safety_project/23

This Book is brought to you for free and open access by the Academic Centers and Programs at DigitalCommons@NYLS. It has been accepted for inclusion in Patient Safety Project by an authorized administrator of DigitalCommons@NYLS.

CASE NO. 22

PARAPLEGIA IN A 12 YEAR OLD WITH A DELAYED DIAGNOSIS
AND TREATMENT OF TRANSVERSE MYELITIS

On Saturday, September 25, 2004 at 9:14 P.m. Kala Jones, age 12, was brought by her mother to the Emergency Room of the Rose General Hospital.

The chief complaint was pain in the neck, back and legs for the past two days. Kala was described in the record as a "usually healthy" child who was barely able to walk as she stated "her legs feel weaker" and she needs help to walk.

The emergency room physician was Dr. Richard Long.

Dr. Long's physical exam revealed that Kala demonstrated inconsistent sensory deficits and Dr. Long's diagnosis was: "Weakness - nonspecific"

Kala was discharged on Tylenol for pain. Her mother was advised to bring her to the Pediatric Clinic Monday morning, September 27, 2004.

On Sunday, September 26, 2004, Kala returned to the emergency room at 11:43 a.m. Kala's complaints then were shortness of breath and an inability to move her arms and legs.

Dr. Long who was not a neurologist (but an emergency room specialist) now believed that Kala required an admission to the hospital. Kala was admitted to the Pediatric I.C.U. at 4:34 p.m.

An admission note written by Dr. John Short, the I.C.U. attending physician on 9/26/04 states that they should consider an MRI scan of the spine "if no improvement" and a spinal tap in the next day or so.

The working diagnosis was Guillain-Barre's Syndrome (GBS) which can produce such progressive paralysis as a result of a viral infection. The treatment for GBS is supportive care which should allow the paralysis to resolve.

However, the differential diagnosis for such progressive paralysis also includes acute transverse myelitis (ATM). ATM is caused by an inflammatory process in the spinal cord. The

treatment for ATM is steroids to suppress the inflammatory process and plasma exchange to remove the inflammatory products from the body. The goal of that ATM treatment is to control the progressive process before there is irreversible damage.

The differential diagnosis issue between GBS and ATM is resolved by doing an MRI of the spine (positive for inflammation with ATM) and a spinal tap (positive with GBS and negative with ATM).

On Monday, September 26, 2004 at 2:00 a.m., Kala worsened and required intubation and a respirator to support her breathing.

On Monday, September 27, 2004 at 8:40 a.m., Dr. Jane Kane, an attending pediatric neurologist, saw Kala. Dr. Kane was assigned by the hospital to cover ICU patients and saw Kala.

Dr. Kane's note reflects the diagnosis was GBS. At 12:30 p.m. on Monday, September 27, 2004, a pediatric neurology resident (Dr. Susan Kelly) believed that since the spinal tap was negative, they should consider ATM and treatment with steroids following a spinal MRI.

The spinal MRI was not done until Tuesday September 28, 2004 at 2:00 a.m. the report was positive for inflammation consistent with ATM.

At 8:30 a.m., on Tuesday, September 28, 2004, Dr. Kelly's note stated she will discuss diagnosis of ATM with Dr. Kane. Dr. Kane's note, agreed with the ATM diagnosis. Steroids were started on Tuesday, September 28, 2004 at 10:00 a.m. and plasma exchange was added.

The treatment seemed to work as Kala improved (she recovered the ability to breathe on her own and the use of her arms). Unfortunately Kala was ultimately discharged from the Rose Hospital with a diagnosis of ATM and permanent paralysis from her mid-trunk downward because of irreversible damage to her spinal cord.

Time Line

Saturday, Sept. 25, 2004: 9:14 a.m.
Emergency Room Rose Hospital

Sunday, Sept. 26, 2006: 11:43 a.m.
Emergency Room Rose Hospital

Sunday, Sept. 26, 2004: 4:34 p.m.
Admission to ICU at Rose Hospital

Monday, Sept. 27, 2004: 2:00 a.m.
Intubation/respirator

Monday, Sept. 27, 2004: 8:40 a.m.
Note Attending Pediatric Neurologist
(Kane).

Monday, Sept. 27, 2004: 12:30 p.m.
Note Resident Pediatric Neurologist
(Kelly).

Tuesday, Sept. 28, 2004: 2:00 a.m.
MRI Scan.

Tuesday, Sept. 28, 2004: 8:30 a.m.
Note Attending Pediatric Neurologist
Resident
(Kelly).

Tuesday, Sept. 28, 2004: 10:00 a.m.
Start High Dose Steroids.