An Iatrogenic Lhermitte's sign as a presenting feature of transverse myelitis: "A rare case of prolong full bloom disease course of NMO spectrum disorders (NMOSD) under PRF (Pulsed Radiofrequency) treatment

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A case of 53-year-old female patient with insidiously feet numbness initially, with progressive ascending numbness and mild to moderate weakness of lower limbs reaching maximum impairment for 2months. Initial examination found decreased DTR on bilateral ankle reflex without weakness. It takes about 2 months to the nadir, very slow progressive ascending weakness and paresthesia.

She takes rehabilitation for 2 months. She received PRF (Pulsed Radiofrequency) therapy 1 months later after symptom onset. Under the impression of mild L4/L5 HIVD and radiculopathy by neurosurgery doctor. With 42°C electrode stimulation in bilateral L5 DRG (dorsal root ganglion). She developed sudden whole back area electric shock-like sensation with radiation to 4 limbs soon after PRF stimulation and lasting the symptom when movement the back or neck after that for 3-4weeks. And slowly relieved later.

DTR was increased 2months later when she came to our neurologic clinic and she walk by stick.

The spinal cord MRI revealed along, extended spinal cord lesion from T9-T11. The VEP (Visual evoked potential) showed prolonged latencies bilaterally without any eye symptom. Further Brain MRI showed lesion at right middle cerebellar peduncular. Lab data was no remarkable. CSF study showed no active inflammation or infection. IgG index: 0.54, blood test for AQP4 Ab showed positive.

Lhermitte's sign (LS) is one of the sensory symptoms of the spinal cord that is frequent seen in NMOSD. But was rare under Pulsed Radiofrequency situation. Physician should be aware the disease course and should always put spinal cord lesion into consideration before invasive procedure.

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