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