

Short Report

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# Improvement of Graphene Induced Transverse Myelitis, with Preventing to Progress Spinal Shock by Graphene Exfoliator Nacl with Kcl Solution

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## Introduction: Case Description

An 81-year-old man who had anterior cervical discectomy and fusion due to C4-5 cervical myelopathy 2 weeks ago, presented to our hospital with severe back pain and quadriparesis. The patient has a past medical history of tuberculosis (TB) infection. **vital signs:** blood pressure 90 (systolic) / 50 (diastolic), heart rate 64, total leukocyte count of 112100/cmm, erythrocyte sedimentation rate (ESR) 50 mm in the first hour using Westergren method, C-reactive protein (CRP) 0.84 mg/dl, thrombin time (PT) 16.9 second, prothrombin time (PTT) 27.2 second, international normalized ratio (INR) 1.66 and alkaline phosphatase 411 U/L. The intravenous infusion of a solution consisting of 250 mL normal saline with potassium chloride (KCl) over 6 h, vitamin C intake resulted in recovery of back pain symptom

with normalized blood pressure (150/60) [1-7]. Transverse myelitis is a rare neurological condition that may originate from an inflammation-driven mechanism. Diagnosis is driven by confirming that symptoms originate from the spinal cord. After excluding structural causes, imaging will lead to visualization of abnormal cord signal. In most cases, this condition responds well to proper treatment. However, transverse myelitis can cause rapid loss of function, especially if not recognized and managed immediately. Imaging evidenced no significant structural defects but did lead to discovery of cord enhancement compatible with a diagnosis of transverse myelitis. Corticosteroid treatment was initiated rapidly to address this pathology, and the patient recovered without deficits. Previous tuberculosis infection could be a less likely cause of the neurological symptoms [8].



**Figure 1:** Baseline chest X-ray showing a cavity in the left lung and multiple foci in the upper lobes of both lungs. . Preoperative Computed Tomogram (CT) and T1-weighted sagittal (A) and axial (B) magnetic resonance images revealing a large C4-C5 disc herniation, compressing the right side of the spinal cord.

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