



V 3 Poor prognosis of patients with myelitis as the leading manifestation of tick-borne encephalitis (TBE) – a 10-year follow-up study in Baden-Wuerttemberg (Germany)

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While some studies have been published about the prognosis of the meningitic and encephalitic course of TBE, only a few data exist about the long-term prognosis of TBE myelitis. The aim of the present prospective study therefore was to investigate such patients over a period of 10 years.

From 1994 to 1999 in Baden-Württemberg, 731 patients fell ill with TBE. Of them, 81 (11%) suffered from encephalomyelitis. All patients were asked to participate in this study, 57 agreed. Individual impairments were measured by allocating single scores for the paresis of the extremities or cranial nerves, ataxia, impaired consciousness, respiratory paralysis, and defective hearing. The total impairment was measured at follow-up investigations at 1, 3, 5, and 10 years.

A total of 11 patients (19%) recovered, 29 (51%) suffered from persisting pareses or other impairments, and 17 (30%) died 1–10 years after the acute disease. The most important ameliorations occurred during the first year after the acute disease, thereafter improvements were lesser and more seldom. The clinical findings after 5 and 10 years correlated well with the status of the acute disease ($r=0.8$, $p<0.01$) allowing to hazard a prognosis at the first presentation. The best restitution was seen for ataxia, impairment of consciousness, double vision, urinary retention, and mild monoparesis of the extremities (4/5). The worst prognosis had patients with tetraparesis and simultaneous occurrence of respiratory paralysis and/or dysphagia, dysarthria, or paresis of the neck muscles.

The myelitic course of TBE is associated with the chance to recover only in about 1/5 of patients. Clinical deficits do not correlate to findings in magnetic resonance tomography, but to observations in postmortem studies.