Sharp Neurology
Suite 405, Level4
480 Pacific Hwy St Leonards NSW 2065
Phone: 02 8021 8001 Fax: 02 8088 6680
Email: info@sharpneurology.com
Website: sharpneurology.com.au

Electronic Records can now be received via: sharpneurology@argus.net.au or HealthLink EDI: sharpneu

05/09/2024

Dr Sophie Chatterton
5377628Y

Ms Ellie Sutton

42 Highland Street

LEURA
NSW 2780
Ph:0412 613 654
Fax:
Email:elliesutton1990@hotmail.com

To whom it may concern,

RE:Ellie Sutton 23/03/1990
42 Highland Street
LEURA 2780
Mobile:0412 613 654
Email:elliesutton1990@hotmail.com

This is a letter of support for my patient Ms Ellie Sutton, aged 34 years old, who has a diagnosis of immune-mediated spinal demyelination, with temporal association with her COVID-19 immunisations.

Ellie had two AstraZeneca COVID-19 immunisations in 2021 during the COVID-19 pandemic. After Ellie's second AstraZeneca COVOD-19 immunisation she suffered stroke-like symptoms, with acute right hemisensory numbness resulting in presentation to Royal Prince Alfred Hospital at the time. Ellie was diagnosed with likely complex migraine with neurological aura.

Ellie proceeded to have her third COVID-19 immunisation (Pfizer) in early 2022 which unfortunately was complicated one month later by worsening right hemisensory paraesthesia as well as severe cognitive fog, balance issues and autonomic symptoms. By August 2022, Ellie's symptoms have culminated to a severity that she was unable to work. Ellie also developed concerns of seizure activity, initially focal and later becoming generalised tonic-clonic which were preceded by right hemisensory paraesthesia sensory aura. In addition to these symptoms Ellie lost about 25% of her body weight unintentionally in the context of her medical issues as well as chronic debilitating fatigue and intermittent neuropathic pain that was typically generalised.

With regards to Ellie’s autonomic symptoms, she has developed exertional dyspnoea, lightheadedness, chest pain, palpitations and has frequently presented to hospital emergency departments on multiple occasions with these symptoms with negative troponins and normal ECGs. She was diagnosed with postural orthostatic tachycardia syndrome, and has been on propranolol since this time to moderate effect for her palpitations.

Ellie typically has a daily headache with associated visual aura. She describes some vestibular symptoms with her migraines which previously has been relieved with prochlorperazine.

Ellie has previously seen neurologist Dr Ian Sutton and had a series of investigations performed at that time including MRI brain and whole spine, lumbar puncture and also extended autoimmune serology including

serum MOG- and NMO-IgG. Ellie has also seen neurologist Dr Ron Granot and underwent a cerebral PET scan at RPA Hospital in December 2021 which demonstrated asymmetric metabolism in the inferior parietal cortex adjacent to the parieto-occipital sulcus on the right with relatively increased metabolism compared to the left possibly consistent with seizure activity. There was no evidence at the time of increased metabolism within the vascular tree within or without the cranial cavity and there was no large lesions of glucose hypometabolism to suggest an interictal site for seizure generation.

Ellie's CSF demonstrated mildly elevated protein at 0.46 with no pleocytosis, normal glucose, and she has had negative limbic encephalitis and antineuronal antibody panel, thyroid antibodies, myositis antibodies as well as routine bloods and baseline autoimmune screen.

An EEG was performed in 2022 which was unremarkable with no evidence of encephalopathy or epileptiform activity.

Ellie has a background of endometriosis for which she has had two previous laparoscopies with her last surgery in 2020 and reports her condition being well managed thereafter. She has had previous thrombophlebitis following an intravenous cannula site infection after a liposuction on her right leg which was treated with intravenous antibiotics and otherwise no history of venous thromboembolic disease. She has had two pregnancies with two daughters aged 12 and 18, both born by vaginal delivery with no postpartum complications and hyperemesis gravidarum with each child. There is no history of known autoimmune disease. Notably, Ellie had no neurological or autonomic symptoms prior to her COVID-19 immunisations.

Ellie has a significant family history of autoimmune disease with her mother having Hashimoto's thyroiditis and her maternal aunts having lupus. Ellie’s maternal grandmother had ischaemic heart disease in a young age and possibly venous thromboembolic events but the details regarding this are unclear.

Ellie's current medications include propranolol 10 mg TDS, low dose naltrexone 6 mg OD, Xarelto, peptides, PEA PRN and vitamin D.

Ellie lives in the Blue Mountains with her two daughters who are both well and her partner. Previous to 2022 Ellie was very high functioning, working as an executive assistant at a global consultancy firm. She is no longer working due to the severity of her symptoms and currently is working occasionally as an artist. She is a non-smoker, does not drink and has no illicit drug intake and previously vaped socially but has since ceased with onset of these symptoms.

Physical examination of Ellie during my review demonstrated that she had normal tone in all 4 limbs with no sustained clonus and downgoing Babinskis left and right. Her reflexes were ++ and symmetrical throughout. She had 5/5 power in all myotomes. Ellie had reduced pinprick sensation in the left V1-V3 distribution, preserved in the upper and lower limbs. Vibration sense was reduced globally compared to her right side. Proprioception was intact distally in all four limbs. She had full range of extraocular eye movements with no diplopia and no nystagmus. Her visual fields were full to direct confrontation. Visual acuity was 6/6 corrected in both eyes. She had no dysmetria, dysarthria or dysdiadochokinesia. Her gait was normal with no evidence of ataxia. Fundoscopy demonstrated clear optic discs with no evidence of papilloedema.
In addition to the previously mentioned investigations, Ellie has also had a previous MRI whole spine at Alfred Imaging in August 2022. This was significant for an area of thoracic spinal demyelination within the right side of the spinal cord at the T3/T4 level and centrally at the T4 level and was deemed too small to further characterise. This has not been since repeated. The MRI was also significant for a moderately severe exit foraminal narrowing on the right at C5/6 secondary to uncovertebral degenerative change as well as broad-based posterior disc protrusions at L4/L5 and L5/S1 with a small annular fissure at the L5/S1 level with no spinal canal narrowing at any level. MRI brain was last performed in August 2022 which showed unusual configuration at the basilar artery that was deemed somewhat tortuous in its distal segment with no evidence of diffusion restriction. No significant T2 FLAIR hyperintensities were seen and specifically no hyperintensities specific for cerebral demyelination.

In summary, I think Ellie’s symptoms are likely due to a monophasic transverse myelitis which is possibly vaccine related given the temporal association with her COVID-19 immunisations. This would also be supported by her borderline elevated protein on her CSF analysis, albeit at the lower limit of normal. Ellie's condition is not expected to improve given her limited response to immunosuppression thus far, and her current level of disability is expected to remain permanent, with a poor prognosis. Ellie will likely trial intravenous immunoglobulin for her treatment moving forward in 2025 after a period of time has passed following her stem cell transplantation to see if this helps alleviate her symptoms.

Please do not hesitate to contact me with any further concerns or questions regarding Ellie's presentation.

Kind regards,

Dr Sophie Chatterton
5377628Y
05/09/2024
cc: