Multiple Sclerosis

The most common chronic neurological condition. Onset ~35yo, 60% female, temperate zones predominent. Has to do with loss of suppressor T cell function. White matter plaques and oligodendrocyte loss. Provoked by fever and stress.

Consultoids: Most are women with relapsing-remitting (80%) MS. It tends to stabilize and improve with steroids.

Hx/Ex:

Spotty/patchy findings.
Commonly: limb sensory symptoms, weakness, optic neuritis, and diplopia.
Optic Neuritis (40%) – central scotoma, color vision loss.
Uhthoff's – reduced vision post exercise, hot meal, hot bath.
Brainstem – diplopia, internuclear opthalmoplegia, bell's palsy, vestibular neuronitis.
Psychiatric – depression. intellectual demise.

Cord:

UMN signs (spasticity, hyperreflexia, upgoing plantars, fasciculation).
Pos column losses (vibration/proprioception)).

Ix:

MRI to detect areas of demyelenation.
Lumbar puncture: Elevated IgG with oligoclonal bands. Normal protein < 10cells/m.

Rx:

Liase with neurology
Pulse methyl pred 1g 7 days, or 75mg prednisolone for 4 days then titrate.
Plasma exchange if not working.

Edu:

Most are relapsing-remitting, and will often improve with steroids. Small chance of primary progressive MS, that does not get better but progressively worsens instead.

Dx:

Varying neurologic dysfunction at two points in time (can be years apart)

Involving anatomically different parts of the nervous system.

Each lasting > 24 hours

Gradual progression over 6 months.