Debate: ms treatment algorithms: induction approaches versus escalating procedures versus de-escalating strategies Induction

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Multiple sclerosis (MS) is an inflammtory demyelinating disorders of the central nervous system with a supposed autoimmune pathogenesis. Pathology of MS is characterized by inflammatory demyelinating lesions in the grey and white matter with secondary neuroaxonal damage and astrocytic gliosis. The extent of inflammation and blood brain barrier damage is greatest in the intial stages of the disease and decreases with age and disease duration. The extent of inflammation within the lesions correlates with the extent of acute axonal damage in the lesions. This acute axonal damage finally leads to extensive axonal loss in the lesions and the normal appearing brain tissue. From the pathophysiological point of view, it makes sense to stop the inflammation in early disease stages as effectively as possible to prevent neurodegeneration associated with it.Therefore, the most effective therapies available should be used used and therapy might be de-escalated when inflammation within the lesions is decreased.