

THE RADIOLOGICALLY ISOLATED SYNDROME: IS IT EARLY MULTIPLE SCLEROSIS (MS)? WHAT TO DO WHEN CONFRONTED BY A PATIENT WITH RADIOLOGICALLY ISOLATED SYNDROME (RIS)?

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Introduction: Brain scanning is everyday activity in clinical practice. Since clinical application of CT (1972) and MRI (1977), these images exploded. Besides its appreciated benefit, occasionally are published findings incompatible with clinical symptoms.

Aim: To present a case report and to answer questions: Is it MS; to treat or not to treat it?

Case Report, Comment: 17yrs old girl with uncertain sighting problems, ophthalmologist's diagnosis: Uveitis; Neurologic examination normal.

Brain MRI showed abnormalities suggestive of MS (5 Gd enhancing hyperintensities, periventricular, involvement corpus callosum, ovoid, not consistent with vascular pattern, no clinical symptoms during 9 yrs. New MRI with 16 Gd enhanced brain and cervical spinal cord hyperintensities. This location is considered as predictor for MS development. Dissemination in space and time. In CSF 3 cells/mm³, no oligoclonal bands, IgG index, normal, VEP, BAEP, SEP repeatedly normal,

Regarding treatment: Some authors recommend treating pts with spinal cord lesions

The others are against, recommend: only regular examination, repeatedly, cognitive testing, and waiting. We do not treat MRI but the patients. Despite the high lesion load, the patient currently remains asymptomatic and exhibits a normal neurologic examination

Conclusions: The concept of RIS is an exciting concept for neurologists, showing patients with evidence of MRI lesions, their dissemination in time and space without clinical events, Answer if it is early sign of MS and to treat or not to treat it, is not easy. In our opinion, patients showing dissemination on MRI without clinical symptoms would not be considered to have MS and therefore not to be treated. We treat the patient, not the MRI scan.

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