

REGENERATION AND REMYELINATION ARE POSSIBLE IN MS LESIONS – NO

Friedemann Paul

NeuroCure Clinical Research Center and Clinical and Experimental Multiple Sclerosis Research Center, Charité University Medicine Berlin, Berlin, Germany

Multiple sclerosis (MS) is a chronic autoimmune condition of the central nervous system predominantly affecting young females in their child-bearing age. For a long time regarded as almost exclusively demyelinating disease that spares the axons, recent evidence has unambiguously made clear that MS is as well a neurodegenerative disease with substantial loss of neurons and axons from the very beginning. New imaging modalities such as ultrahigh field magnetic resonance imaging (MRI) and optical coherence tomography (OCT) have helped to impressively visualize early neuro-axonal damage. Moreover, progressive disability seems rather to be associated with neurodegeneration and brain atrophy than with white matter demyelination. Some very powerful anti-inflammatory drugs that impressively reduce relapse activity and inflammatory MRI lesions have not proven to reduce or halt relentlessly progressing neurodegeneration and thus irreversible accrual of neurological disability.

Neuropathological studies have shown that there may be extensive remyelination in at least a subset of MS patients, however, we do not know if remyelination is sufficient to prevent axonal loss. Numerous animal studies have shown remyelination and the enhancement thereof by therapeutic interventions, but animal experiments poorly model the human disease. In patients with MS, attempts to depict remyelination by MRI have remained equivocal. Although there are clinical trials underway with compounds that suggest a remyelinating capacity through their mode of action (anti-LINGO-1 antibodies) we do neither know whether remyelination in humans is substantial to prevent axonal damage and to leverage regeneration nor do we know how to measure remyelination *in vivo* or which treatment duration would be required for successful remyelination.

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