

## **PARKINSONISM AND MULTIPLE SCLEROSIS: WHAT IS BEHIND?**

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Parkinson's disease (PD) coincidental with multiple sclerosis (MS) is a very rarely observed clinical entity and the relationship between, whether coincidental or secondary to MS plaques, is still debated. This patient presented with parkinsonism symptoms 10 years after the detection of clinical MS. After a period of 10 years without any symptoms or attacks, a 43-year-old man returned with tremor and clumsiness on the left hand that was present for 6 months and slowly progressive. Physical examination revealed resting and postural tremor on the left hand and mild bradykinesia and rigidity of the left upper extremity. Brain magnetic resonance imaging (MRI) revealed multiple demyelinating lesions in the central nervous system consistent with MS but without enhancement on gadolinium application. Remarkably, the basal ganglia, thalamus, capsula interna and externa were spared bilaterally. Considering the stable course of MS (no activation) through years, asymmetric onset of parkinsonism symptoms, slow progression of the disease, absence of plaques in the basal ganglia on MRI scan and good response to the dopa agonist pramipexole, the diagnosis was idiopathic PD coincidental with MS. As a conclusion Current data did not support a cause-effect relationship between parkinsonism and MS as the lesions spared basal ganglia or nigrostriatal pathways in most of the patients described and the rarity of this association. The most likely explanation might be fortuitous coincidental occurrence of both diseases.