

Are there diagnostic markers which can reliably differentiate MS from isolated CNS SLE? Con

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Multiple sclerosis (MS) and systemic lupus erythematosus (SLE) are syndromes. Lupus has laboratory markers but no diagnostic neurological manifestations since there are 19 clinical syndromes associated with it. Multiple sclerosis is a mainly clinical syndrome with no diagnostic blood markers. The clinical criteria for MS of transient deficits are quite common in neuro-SLE, some cases due to vascular incidents and some inflammatory (cerebritis). MRI criteria for MS include the localization of lesions, their shape and conformation and signal on specific sequences. Unfortunately none of these are highly specific for MS and can be seen in strokes due to vasculitis. The diagnostic blood markers of SLE are commonly found in patients with MS. The CSF markers of MS, the oligoclonal bands and intrathecal IgG synthesis are commonly found in SLE. Furthermore, even in patients with classical MS we sometimes find significant autoimmune systemic disease, including SLE and APS. Therapy for MS and SLE overlap to a significant extent including anti-CD20 medications. Better understanding and definition of the pathogenic mechanisms underlying these 2 syndromes will probably define specific diseases which will serve as the basis for diagnosis and treatment.