

In patients with clinical evidence of MS-like disease and a confirmatory MRI, CSF examination can be avoided in most cases.

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In the recent years, cerebrospinal fluid (CSF) examination for diagnostic work-up of relapsing-remitting multiple sclerosis (RRMS) was only needed for delimitation of differential diagnoses. The 2010 McDonald criteria for the diagnosis of RRMS were only based on clinical evidence and magnetic resonance imaging (MRI) data. In the 2010 McDonald revision, the presence of oligoclonal bands (OCB) in the CSF was only part of the criteria for primary progressive MS. Yet, recent data suggest that incorrect interpretation of non-specific white matter abnormalities is the most common reason for misdiagnosing RRMS. Thus, basing the diagnosis of MS solely on non-specific MRI lesions needs utmost caution. According to the recently published 2017 McDonald criteria, CSF examination may again help to establish the diagnosis of RRMS. In the setting of a first clinical demyelinating event and evidence for dissemination in space on MRI, the presence of OCB in the CSF may serve to prove the dissemination in time thus allowing for an earlier and at the same time still accurate diagnosis of RRMS. In the present discussion forum, we will tackle the question in which settings CSF analyses will allow for a faster diagnosis of RRMS. We will discuss which patients should definitely undergo CSF examination and whether the absence of OCB in the CSF excludes the diagnosis of MS. Finally, we will address whether it is sufficient to only examine OCB in the CSF work-up or if further, more sophisticated CSF parameters are also of interest.