MULTIPLE SCLEROSIS WITH INITIAL MANIFESTATIONS OF MYELOPOLYRADICULONEURITIS

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Multiple sclerosis (MS) remains with an unclarified etiology and pathogenesis in spite of 150 years long intensive research in this field. Recently, some atypical monosymptoms and acute variants of the illness are added to its clinical picture which extend considerably its frontiers.

During the past 10 years in the Neurological Clinic of the Higher Institute of Medicine, Varna, a total of 4 cases of MS with initial manifestations of myelopolyradiculoneuritis were observed. The clinical picture included the following symptoms: painful phenomena, progressively increasing muscular weakness with peripheral paralyses formation, sensory disorders of distal and conductive type, disturbances of pelvic reservoirs, bilateral pyramidal and dyscoordination phenomena.

By way of illustration the following case will be presented:

T. D. Ch., 33 years old, clinical record No 24962/17. XI. 1976. The illness began on 7th November, 1976 with acute girdling abdominal pains. She is admitted as an emergency case in an obstetric-gynaecologic clinic from where because of urine retention she is removed in an urologic one. The paresthesia of the legs and the apparent lower paraparesis with conductive type disorder of sensitiveness necessitates patient's moving into a neurosurgical clinic with suspicion about a process constricting the intravertebral space. Painful signs with girdling character in both lumbar and abdominal regions, rapidly forming motor weakness of the extremities from lax type, abdominal areflexia, pelvic reservoir and conductive disorders together with lumbar cerebrospinal fluid changes (protein content 65 mg %, erythrocytes 82/3 and leukocytes 12/3) allow to consider the presence of myelopolyradiculoneuritis and that is why the patient is finally hospitalized in the Clinic of Neurology. Her state is considerably improved after therapy with Gentamycin, Urbason, vitamins of B-group, Dibasol, therapeutic massage and gymnastics.

However, on 5th October, 1977 she feels again paresthesia and relatively rapidly progressing motor weakness of the legs slightly prevalent in the left side. She is hospitalized in the Clinic of Neurology again — clinical record No 23035/12. X. 1977. In the course of treatment after an influenza-like disease the quadriparesis worsens and neurologic symptomatics with MS characteristique becomes apparent as follows: bilateral horizontal nystagmus, bilateral dysmetria with intention tremor, irritative pyramidal symptomatics, visual disorders, urine incontinence and a slightly expressed euphoria.

This case is, therefore, rather indicative how initial MS attacks can imitate the typical picture of myelopolyradiculoneuritis and cause diagnostic mistakes. The diagnosis of the disease becomes possible only in the course of dynamically followed-up cases.

Charcot describes a number of cases with an atypical course when painful and amyotrophic manifestations dominate in the clinical picture. The presence of quadrihyporeflexia together with muscular hypotonia is reported by A. S. Pentzik (4). In his opinion these changes are due to combined cerebellar-radicular and anterior born lesion. N. V. Chernigovskaya (5) describes in 1957 a total of 8 atypical cases of MS. One of them is manifested with polyneuritis pattern. K. Henner et al. (6) report a similar course of the disease. The atypical nature of clinical pattern is considered to reflect the dynamics of the pathological process (2). The variegated clinical phenomenology and its protractedness is recently related with a slow virus infection. This enables in a certain extent to draw parallels between MS and myelopolyradiculoneuritis etiopathogenesis (1, 3). The variety of the disease and its dynamics sets as a prerequisite MS to cut across the classic pattern and resemble a typical myelopolyradiculoneuritis. The situation is complicated by the lack of laboratory tests strongly specific for the disease. It can be concluded that monosymptomatic forms require a special attention and dynamic follow-up by the physician.

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ДИССЕМИНИРОВАННЫЙ СКЛЕРОЗ С ИНИЦИАЛЬНЫМ ПРОЯВЛЕНИЯМИ МИЕЛОПОЛИРАДИКУЛОНЕВРИТА

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РЕЗЮМЕ

Авторами прослеживаются катамнестически прошедшие в последние годы больные диссеминированным склерозом с проявлениями миелополирадикулоневрита. Результаты исследований соответствуют современным взглядам на общую характеристику этиопатогенеза обеих заболеваний, полиэтиологических по своей природе.