

ANTIPHOSPHOLIPID ANTIBODIES IN PATIENTS WITH MULTIPLE SCLEROSIS AND MS-LIKE DISEASES: MS OR APS?

M. Gagliardi, L. Capone, A. Ciampa

Centro Emostasi, AORN Moscati, Avellino, Italy

Background. The APS is characterized by arterial and venous thrombosis, recurrent fetal loss, thrombocytopenia, and the presence of anti-phospholipid antibodies (aPL). Currently available commercial tests for aPL include assays for lupus anticoagulants, anti-cardiolipin antibodies, and anti-B2-glycoprotein-1 antibodies. The association between aPL and vascular events is well established. The broad spectrum of neurological manifestations related to aPL includes transient ischemic attack, migraine, recurrent stroke, and multi-infarct states. In addition to these cerebrovascular events, both transverse myelitis and multiple sclerosis-like (MSL) illnesses have been described in APS. Although the pathophysiology is not clear, vascular events such as small strokes in white matter may produce lesions that resemble the demyelinating plaques seen in multiple sclerosis (MS).

Aims. To describe the frequency, clinical, and laboratory features of patients diagnosed with MS or MSL in a large, prospectively followed cohort of aPL positive patients.

Methods. Between 1990 and 1995, patients referred to our Hemostasis Centre (AORN Moscati, AV, Italy) were prospectively evaluated for aPL using questionnaires designed to detect aPL- related symptoms and/or a family history of aPL-related illnesses. Magnetic resonance imaging (MRI) was performed when significant neurological features were present. A subgroup of all patients diagnosed with MS or MSL was identified, and their clinical, laboratory, and imaging findings were reviewed.

Results. Of 322 patients evaluated for aPL-related symptoms or events, 189 (59%) were positive for at least one class of aPL. 26 of 322 patients (8%) had a diagnosis of MS or MSL, either at the initial evaluation or during the study period. 23 of the 26 individuals (88%) tested positive for aPL, while the remaining 3 (12%) tested repeatedly negative. 18 of the 23 patients (78%) had either more than one class of aPL or multiple positive titres. IgM aCL was found in 18 of the 23 patients (78%). Oligoclonal bands were present in 5 patients. Antinuclear antibodies and low complement levels were frequently observed. Blinded MRI readings showed lesions consistent with MS in most cases. Clinically, 7 patients had transverse myelitis, and optic neuritis was present in 8 patients.

Conclusions. A substantial number of aPL-positive patients have a concurrent diagnosis of MS or MSL, frequently presenting with elevated IgM aCL, optic neuritis, and transverse myelitis. APS should be strongly considered as an alternative diagnosis to MS in these patients.