

CHARACTERISTICS OF MULTIPLE SCLEROSIS PATIENTS IN SRI LANKA: A PRELIMINARY STUDY

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Multiple Sclerosis (MS) is an immune mediated, chronic neurological disease. It is a heterogeneous disease of which the aetiology is considered to be both genetic and environmental. The objective of this study was to characterize MS in the Sri Lankan context.

Fifty seven (57) MS patients tentatively diagnosed by a Consultant Neurologist and a Consultant Physician were recruited from Teaching Hospitals Kandy and Peradeniya. Subsequent to informed written consent, their clinical histories, examination findings and investigation results were recorded using interviewer based questionnaires.

The analysis revealed that MS is common among females in this study group with a ratio of 1:1.85. The average age of disease onset is 33 years. Only 4 patients had a definitive diagnosis of MS whereas majority were 'possible MS' cases according to revised McDonald's criteria 2010. Seventeen (17) patients had MRI (*Magnetic Resonance Imaging*) features suggestive of MS. The most common presenting complaints were related to *motor symptoms* and the *symptoms* related to *optic neuritis*. Of the 17 patients with MRI features suggestive of MS, 6 had positive *visual evoke potential (VEP)* results. All the four confirmed MS patients had positive VEP results. The *Relapsing and remitting type* was observed to be the commonest subtype (53%). *Neuro Myelitis Optica (NMO)* and *vasculitis* conditions are the differential diagnoses that were frequently considered in MRIs. The frequent co existence of *Transverse Myelitis* was noted among patients with MS.

The observed female predominance and the average age of onset of disease are similar to the reported data on western population. However, the presenting symptoms show considerable variations, as *sensory symptoms* are found to be the commonest presenting symptom in western populations. Although *relapsing remitting type* is common in the study group, the percentage is much lower when compared with the western population (85%). There are some atypical clinical presentations suggesting the presence of a variant of MS in our population. NMO and *vasculitis* conditions are frequently considered differential diagnosis of MS. Frequent presence of *Transverse Myelitis* has been reported to be typical for Asians and the same is observed in this study.

In conclusion, the diagnosis of MS is inconclusive at the onset, i.e. suggestive rather than confirmatory. A variation in the clinical presentation observed in this study group confirms the heterogeneity of MS in our population. These results should be correlated with the *cerebro spinal fluid oligo clonal band* response to refine the heterogeneity observed.

Financial assistance given by University of Peradeniya (RG/2012/37/M) is acknowledged.