



# Multiple Sclerosis Presenting as Progressive Paraparesis

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Fig. I

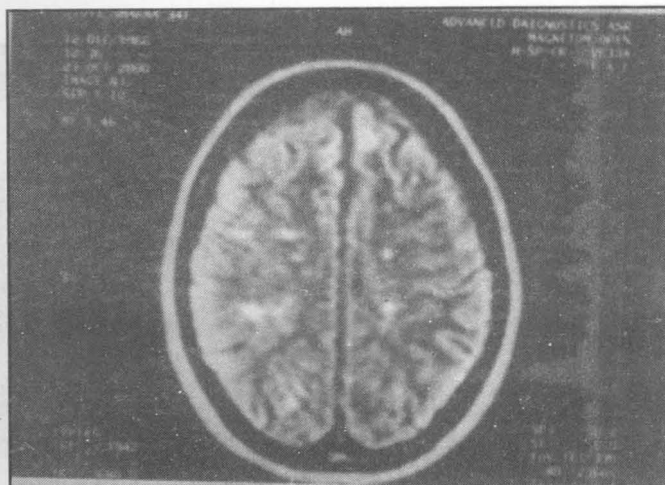


Fig. II

*MRI scans of a 45 year old female patient showing demyelination in spinal cord (Fig. I) and plaques in paraventricular area of the brain (Fig. II) suggestive of multiple sclerosis.*

Multiple sclerosis occurs in younger people. Neurologic symptoms fully develop in a matter of minutes in 20% of patients and in similar number in a matter of hours. In about 30%, the symptoms evolve more slowly over a period of a day or several days and in another 20%, more slowly over several weeks to months. In the remaining 10%, the symptoms have an insidious onset of slow, steady or intermittent progression over months and years. The relapsing remitting pattern of disease is more likely to appear in patients who are less than 40 years of age. The inflammatory process of multiple sclerosis effects no organ system except the central nervous system.

Our patient had progressive weakness of both lower limbs for the last four years and at the time of examination, she was walking with support only. She had no visual symptoms or any cerebellar signs. Her visual evoked potential (VEP) studies were normal suggesting no optic nerve involvement. The MRI scans suggested the diagnosis of multiple sclerosis. Thus in a clinical setting, multiple sclerosis should be thought of as one of the causes of insidious progressive paraparesis.

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